



THE HAMPDEN HIPPOCRAT

The Hampden District Medical Society Newsletter

SPRING 05 VOLUME 13

Page 1

President's Annual Message:

ARGUE, BUT WITH FACTS PLEASE

The argument is going to just keep going back-and-forth. We may see progress this year, and if by some miracle the argument can leap over the perennial filibuster hurdle, there will still be no end to the argument. Even if we win reforms this year, new legislation will surely pop up on state and national levels to circumvent any gains we hope to realize this time around. And so the arguments will go on and on.

Okay so the issues will continue to be debated. The problem I'm having has more to do with the paucity of rules in this debate; according to our opponents, it's OK to ignore the facts, change the facts, make up theories, and present them to the public as facts.

For example, lately it seems that each time I have been involved in this debate, the facts have come back to me either changed, or generally ignored altogether. A scan of the media will show that our opponent's twisted-facts abound. I was recently involved in a medical liability debate with the UConn Professor of Torts. This debate actually occurred within a Healthcare Ledger piece that was freshly published. Quite amazing to see how this legal professor was able to manipulate the first draft of that article, and how inaccurate many of his statements were. Fervently but factually I fashioned my revision arguments, and I kept it up, so that the final article was fair, albeit void of much of my total response.

Another article, published on a national scale, written by a trial lawyer, typifies the problem. He claims straight off in his article that doctors want a \$250,000 cap on *all* damages. And he prefaced this argument with a proclamation that doctors just don't want to accept responsibility for their medical errors. Let's talk about this guy's errors. How many ways can we say this? We do not seek to deny fair compensation for patients who are judged to be injured due to medical errors.

The AMA, the Massachusetts Medical Society, the Hampden District Medical Society, and myself agree that these patients are entitled to full reimbursement for quantifiable economic loss. Now that's taking responsibility for our errors.

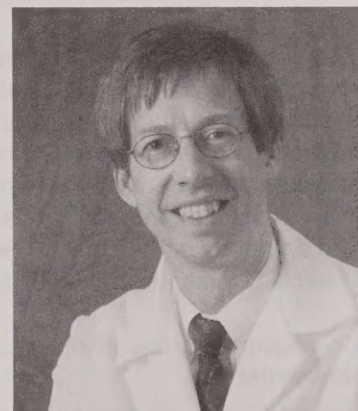
For the few who still don't know by now, it's a cap (\$250,000) on noneconomic awards that we seek. So let's switch directions and talk about how irresponsible those noneconomic awards are. Let's analyze a case. Say that I'm a good physician whose patient has a bad outcome. That patient has the right to sue if he or she wants. An "expert" witness can facilitate passage through our tort-slanted Massachusetts tribunal system. Now the juggling starts. My attorneys find credible witnesses to hopefully show that I delivered appropriate and faultless care, and the prosecution tries to find credible witnesses to show the opposite.

The next step involves a jury of 12 good men and women, my "peers". They will have to juggle that two-sided argument, and on top of that learn an awful lot of medicine; disease and injury concepts, anatomy, risks that took us years to learn, they'll be taught over days or weeks. Let's say I lose the case; I have to cover their economic losses, and I won't argue that. That jury may now be swayed by that same trial lawyer/author above, who distorts facts and ignores truth, peppered by a good emotional delivery. That same trial lawyer, who has a lot to gain from a high verdict, will use all sorts of skills to extract an exorbitant award for pain and suffering. I could lose again, but now the dollar amount has no limits. Remember Senator John Edwards, pretender for vice president, who convinced many juries that he was "the victim, the baby in the womb". He (the baby) was pleading helpless to understand why the bad doctor didn't cut him out of the womb and save him. Mr. Edwards earned close to \$50 million plying his trade, and now when the facts come out that in many of those cases there was no basis for malpractice, he apparently feels no remorse. He supposedly blames the jury and the judge that decided guilt. So he was wrong, and now he's rich, and who's not taking responsibility for their errors?

Some believe that we only need a cap on noneconomic damages because of our own economic poor health. I mean, with less and less in the way of reimbursement, and with more and more in the way of expense, lower malpractice premiums can help. It's already shown that a cap can help, in California, Texas, Louisiana, and in those states where a meaningful cap has been adopted, malpractice insurance rates are significantly more stable. That's a fact.

Some believe we need to rein in huge noneconomic awards because these awards are arrived at from nothing objective or quantifiable. It's a lottery. Can't argue with that.

I believe the biggest reason truly has to do with availability and delivery of care. I believe a reasonable cap of \$250,000 for noneconomic damages, combined with a reasonable overhaul of our tribunal gateway, combined with a reasonable overhaul of how we in medicine police ourselves, would result in two things in particular. The first is that the overall cost of delivered medicine would come down, unfettered by the restraints of defensive medicine. Let me use a pertinent excerpt from AMA president-elect Dr J. Edward Hill's speech, which he gave to attendees of the Hampden District Winter Meeting.



Richard P. Anderson, M.D.
President 2004-2005

"According to the Department of Health and Human Services, medical liability adds 70 to 126 billion dollars to the cost of health care, each and every year. These numbers include the cost of premiums and the estimated cost of defensive medicine.

Everybody pays – whether they live in a crisis state or not. Even those who live in one of the six stable states still pays federal taxes. Therefore they – and you -- contribute to the 47 billion dollars that the federal government pays in medical liability costs – for Medicare, Medicaid, S-CHIP and other government health programs (HHS). And every dollar that goes towards medical liability costs and defensive medicine – is a dollar that doesn't go to patients who need care.

The saddest fact of all – is that very little of this money actually goes to injured patients. The medical liability system returns a mere 50 cents on the dollar to the people it's supposed to help, and only 22 cents per dollar for actual economic loss. That's not surprising in a system where attorney contingency fees average about 35 percent before expenses.

There are also other costs that most patients don't think about – such as the cost to patient safety. Our opponents often like to claim that the current medical liability system is all about reducing errors by punishing the so-called 'bad doctors' whom make mistakes. But according to the Institute of Medicine, errors 'almost always result from poorly defined systems – not from careless providers.'

The second thing I think a cap would visibly help to change involves physician recruitment and retention in Massachusetts; Western Massachusetts in particular. With a cap, we will have a greater chance of success in recruiting docs of all specialties to Hampden district. Without a cap, conditions are expected to further deteriorate, and we will be losing many good physicians, and sooner than you think. Trust me on that one.

LETTER POLICY

Letters to the editor should be approximately 250 words or less, preferably typed in Word. Please provide the full name and address of the writer along with a signature for verification. The hard copy of the letter should be sent. All letters are subject to editing.

Please email to: Hampden@massmed.org,

Fax (413) 731-8990 or mail:

The Hampden Hippocrat
1111 Elm Street, Suite 22
West Springfield, MA 01089
Fax: 413-731-8990

The "Hampden Hippocrat Newsletter" is the news source of the Hampden District Medical Society and would like to become the forum for sharing information and opinions amongst the members. Advertising in the HIPPOCRAT or health institution releases and or announcements does not imply endorsement. The opinions expressed in this bulletin are those of the writers and do not reflect the official viewpoint of the Hampden District Medical Society unless so stated.

Corrections to the prior issue of the Hampden Hippocrat Newsletter are:

President Dr. Richard Anderson's, specialty is Neurosurgery. It was incorrectly printed as Neurology. Dr. Anderson also practices in Greenfield, not Pittsfield.

Dr. Victoria Levander was inadvertently omitted from The "Women in Medicine" Roster.



Dr. Victoria Levander,
27-year member

Dr. Chanel Bouchereau's name was incorrectly listed in the "Women in Medicine" Roster.

The Hampden Hippocrat apologizes for any inconvenience or confusion this may have caused.

EDITOR'S COLUMN

Suzanne Skibinski, M.D.



When Suzanne Skibinski, Hampden District Executive Director, asked me if I would edit this newsletter, I quickly said, "Sure," thinking that it would be a typical newsletter that I could review in a couple of hours. What I discovered was over 20 pages filled with news, opinions and descriptions of Hampden District activities. This is an amazing organization that continues to grow. All I can say to my fellow physicians, HDMS members and Suzanne is "Keep up the great work!!"

Heather Z. Sankey M.D.
 Guest Editor

FROM THE EXECUTIVE DIRECTOR'S DESK

Food For Thought

"I am thankful for what is and stop thinking about what is not"

By: Nancy Wood

In one of his journal notations Thomas Merton writes that we are always thinking that our life will truly be happy 'when.' We are not satisfied with what is currently our situation because we have it in our mind that our life won't be happy until something else occurs: when I have one more thing I want, when I get rid of that personality flaw of mine, when I can finally have life as I have always dreamed it to be, when I am truly successful, when I learn to pray better, when I find the right person in my life, when, when, when...

Waiting for the 'when' keeps me from appreciating what I now have. Longing for promises and dreaming dreams is not a harmful deed as long as the present moment is not overlooked, as long as gratitude rises for what is already here, as long as I do not base my happiness on what is still wanting. Thankfulness for what has already been given is the foundation for hoping for what is not yet.

Today I am going to put aside my 'when this happens' and my 'if only this could be' and 'when things get better' and my 'as soon as I have this.' I am going to harvest what I now have, gather all the many gifts that are already mine. I am going to observe what has been placed in the granary of my heart and marvel at the abundance.

I will stand before this heap of blessings and take a long, grateful look. I will say farewell to my 'when' and be thankful for what is". Joyce Rupp

By: Suzanne T. Skibinski

HDMS Sponsored Activities

Recruitment Luncheon Dates

Wednesday, February 16, 2005

12:00 - 1:00 P.M.

Baystate Medical Center, Chestnut Conference Center, Rooms 1A & 1B

Speakers:

Heather Sankey, M.D., HDMS, Immediate Past- President

Kenneth Peelle, MMS, Vice President

Thursday, March 17, 2005

12:00 - 1:00 P.M.

Mercy Medical Center, The Deliso Center

Speakers: Richard Anderson, M.D., HDMS President

Kenneth Peelle, M.D., MMS Vice President

Tuesday, April 12, 2005

12:00 - 1:00 P.M.

Holyoke Medical Center, Auditorium

Speakers: Alicia Ross, M.D., HDMS Past President,

Membership Chair

Kenneth Peelle, M.D., MMS, Vice President

12th Annual Medico-Legal Forum for Physicians, Physician Assistants and Attorneys "Innovative Use of Internet Technology for Medical Case Evaluation"

Speaker: Adam Rosen, J.D., Ph.D

Jury Test Networks, Boston, MA

Thursday, March 24, 2005

The Delaney House, Smith Ferry, Route 5, Holyoke

Registration 6:00 P.M.

Dinner: 7:00 P.M.

CME Program 7:00 P.M.

Doctor Back to School Program

Monday, March 28, 2005

Lincoln Elementary School, Springfield, MA

Doctor Appreciation Day

Wednesday, March 30th

Carnations to be distributed at area hospital luncheons

High School Doctor for a Day

Chair: Alicia O.M. Ross, M.D.

Thursday, April 7, 2005

Holyoke Medical Center, Auditorium

Breakfast 7:30 A.M.

Debriefing Dinner 5:00 P.M.

Category 2 Self Reporting

Annual Meeting

"Living With the Professional Medical Person in Your Life".

Speaker: Dr. Kevin Leman

Internationally known psychologist, TV Personality

Tuesday, April 26, 2005

Springfield Country Club

Registration 6:00 P.M.

Dinner 7:00 P.M.

CME Program 7:30 P.M.

Legislative Breakfast

Steven Metz, M.D., Chair

Friday, April 8, 2005

Best Western Sovereign Hotel and Conference Center, W. Springfield

Fall District Meeting

Tuesday, September 27, 2005

Family Health Fair, Springfield Library and Museums, Dr. Suess Gardens

21st Annual Medical Ethics Seminar

Thursday, October 20, 2005

Mercy Medical Center

WELCOME NEW MEMBERS

INTERNAL MEDICINE

Michele Barnett

53 Southampton Road, Westfield, MA

Meaghan McNulty, TBD

NEPHROLOGY

Jeffrey Mulhern

300 Birnie Avenue, Suite 300, Springfield

NEUROLOGY

Michael Rossen

300 Carew Street, Suite 2 Springfield

OPHTHALMOLOGY

Andrew Jusko

299 Carew Street, Suite 201, Springfield

ORTHOPEDIC

Andrew Lehman, New England Orthopedic

Surgeons, 300 Birnie Ave, Springfield

PEDIATRICS

Samina Ahmed, 1515 Allen Street, Springfield

James Burns, BMC, 140 High St. Springfield

Rukmini Kenia, 65 Springfield Road, Westfield

Leif Nordstrom, 294 N. Main St. E. Longmeadow

Robert Peskin, 477 Southwick Road, Westfield

PSYCHIATRY

George Patrick, 300 Carew Street,

Suite 2, Springfield

Usman Qayyum, Psych Care Assoc.,

77 Winsor Street, Ludlow

SURGEON

David Earle, BMC,

759 Chestnut Street, Springfield

VASCULAR SURGERY

Lorraine Berman, Vascular Services

of Western New England

3500 Main St., Suite 201, Springfield

RESIDENT/FELLOW BAYSTATE MEDICAL CENTER

Raul Octaviani Agostini, Internal Medicine

Darius Arabadjief, Pathology

Kenneth Barnes, Pediatrics

Ari Berman, Internal Medicine

Hasan Ghaffar, Pathology

Jennie Howland, Pediatrics

Raul Octaviani-Agostini, Internal Medicine

SENIOR STATUS

Michael Rosner

OUT OF STATE MEMBER

Laurence Lundy, West Chatham, MA

ATTENTION!!!

DOCTORS!!!

ATTENTION!!!

Don't forget to contact the HDMS office if you change your medical office/practice address to be sure your file is updated.

The following nominations were presented to the Executive Committee on March 1, 2005 for the Committee's review as required by the HDMS Bylaws 7:07. Membership vote to be held at the Annual District Meeting, April 26, 2005. Nominations from the floor will be accepted. The Hampden District Medical Society's Nomination Committee respectfully presents the nomination of members for elected positions.

Hampden District Medical Society's Slate of Officers and Elected Committees 2005-2006

President: Mark M. Sherman, M.D.
 President-Elect: Jeffrey L. Kaufman, M.D.
 Vice President: Stephen A. Metz, M.D.
 Secretary: James K. Wang, M.D.
 Treasurer: Mark J. Mullan, M.D.

DELEGATES: (30)

Richard P. Anderson, M.D.	Francis D. Horrigan, M.D.
Augusto G. Asinas, M.D.	John Kasper, M.D.
Jose Azocar, M.D.	Jeffrey L. Kaufman, M.D.
Isac L. Bloch, M.D.	Sun-Tien Lin, M.D.
Maura Jo Brennan, M.D.	Claudia T. Martorell, M.D.
James Frank, M.D.	Stephen A. Metz, M.D.
Julia Gates, M.D.	Sara H. Mullan, M.D.
Philip F. Gaziano, M.D.	Kollegal S. Murthy, M.D.
Daniel P. George, M.D.	Ronald Paasch, M.D.
Stanley Glasser, M.D.	Balaji Padmanabhan, M.D.
Dennis S. Gordan, M.D.	K.V.R. Mohan Rao, M.D.
Bradford C. Gray, M.D.	Alicia O.M. Ross, M.D.
Stephen V. Hall, M.D.	Heather Z. Sankey, M.D.
George G. Hartnell, M.D.	John W. Sullivan, M.D.
Samuel Hellerman, M.D.	
Kevin T. Hinchey, M.D.	

EX-OFFICIO DELEGATES

Mark M. Sherman, M.D.	President
James K. Wang, M.D.	Secretary
Claudia L. Koppelman, M.D.	Trustee
Mark J. Mullan, M.D.	Alternate Trustee
James Siragusa, M.D.	Past President, MMS

EXECUTIVE COMMITTEE

Claudia T. Martorell, M.D.	2008
Kollegal S. Murthy, M.D.	2008

HDMS REPRESENTATIVE TO MMS COMMITTEES

COMMITTEE ON LEGISLATION:

Stephen A. Metz, M.D.	Member
Jeffrey Kaufman, M.D.	Alternate

COMMITTEE ON MEMBERSHIP:

Alicia M. Ross, M.D.	Member
Mark J. Mullan, M.D.	Member
Claudia L. Koppelman, M.D.	Alternate

COMMITTEE ON TAX –SUPPORTED MEDICAL CARE:

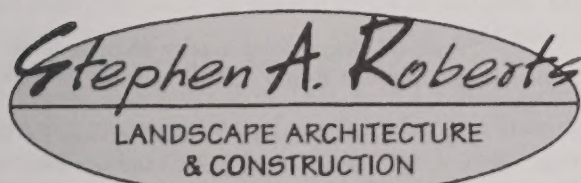
Savvas Papazoglou	Member
Dennis S. Gordan, M.D.	Alternate

NOMINATING COMMITTEE:

Alicia O.M. Ross, M.D.	2006
Mark J. Mullan, M.D.	2007
Heather Z. Sankey, M.D.	2008

THERAPUTIC GARDENS

-  GARDENS TO RE-CREATE
-  A PLACE TO HEAL BODY, MIND, & SOUL
-  PLAY SPACES FOR YOUNG & OLD
-  GARDENS THAT HEIGHTEN ALL SENSES WITH WIND, WATER, FRAGRANCE...
-  GARDENS TO REST & UNWIND IN
-  GARDENS TO CARE FOR & TO SHARE WITH THOSE YOU LOVE



1160 BAY ST. SPRINGFIELD, MA. 01109

PHONE: 413.214.6990 FAX: 413.214.6989 E-MAIL: stephenaroberts@netzero.net
www.stephenaroberts.com



An Invitation to Join Us...

Dear Colleagues:

The HDMS Public Health Committee wishes to extend you an invitation to join our committee which meets approximately six times over the year, usually on a Monday at 12:00 noon. Lunch is served and the meeting lasts for one hour.

The Committee provides advice and counsels on matters related to public health, specifically to include epidemiology, communicable diseases, and health in industry, the environment, prisons, mental health and drugs.

The purpose of this Committee is to foster the knowledge of the prevention and treatment of disease by any appropriate measures in the field of public health including matters related to health industry and the environment.

Sincerely,
 Claudia Martorell, M.D.
 Chair

Should you wish to join this Committee in its quest to service public needs, please call Suzanne Skibinski at the Society office at (413) 736-0661 or email to hdms@massmed.org. Your help is needed!

PROJECT HOPE

The AMA Center for Disaster Preparedness and Emergency Response has been in communication with the leadership of Project Hope discussing ways in which physicians might support on going relief efforts in areas directly affected by the recent tsunami. The USNS Mercy will deploy to South Asia and Project Hope will be responsible for the deployment of health professionals to support this humanitarian assistance mission. Volunteer staffing to support a 100 bed or 10 ICU, medical facility will be required. Deployments will be in 30-day increments; the first of three projected rotations is scheduled to begin on January 26, 2005. The following physician specialties will be required for each of the rotations:

- Vascular surgeon
- Pediatric surgeon
- Trauma/Critical Care surgeon
- Plastic surgeon
- OB/GYN
- Ophthalmologist
- Optometrist
- Urologist
- ENT
- Anesthesiology
- Infectious Disease
- Pediatrician
- Psychiatrist
- Dermatologist
- Internal Medicine

If you are interested in applying for this opportunity please reply by Email to: recruitment@projecthope.org and note "tsunami relief," your specialty and your availability on the subject line. Also, we would appreciate a hard carbon copy to james_james@ama-assn.org.

MMS TASK FORCE ON UNIVERSAL ACCESS

Dr. Claudia Martorell, Chair of the Public Health Committee was invited by Dr. Alan C. Woodward, President of the Massachusetts Medical Society to participate on the new Massachusetts Medical Society (MMS) Task Force on Universal Access.

The task force is being established to assist the MMS in evaluating the current proposals to achieve universal health care coverage in Massachusetts. These include those from Health Care for All, the Blue Cross Foundation, the Romney Administration and the Health Care for Massachusetts Campaign.

The MMS has a longstanding policy of supporting access to universal care and wants to ensure physicians take a leadership role in this effort. Dr. Martorell was also approved to be the alternate representative to the State's Commission to Eliminate Health Care Disparities among Ethnic and Racial Minorities. The Meetings are held in the McCormack Building at the State House in Boston

OBITUARIES

ALFRED H. CARTER, M.D. 1939-2004

Dr. Alfred Carter passed away on November 7, 2004 after a brief illness. Dr. Carter was a graduate of Tufts Medical School and practiced psychiatry in the Springfield area for more than 30 years. Dr. Carter also served in the U.S. Army at Ft. Eustis in Virginia during the Vietnam Era. Donations may be made to Westfield Service Center of Salvation Army, 12 Arnold Street, Westfield, MA 01085.

WILLIAM A. DORFMAN 1916-2004

Dr. William Dorfman, a prominent area General Practitioner for over 55 years died on November 27, 2004. Dr. Dorfman enjoyed flying and built a BD4, a four seater aircraft and was ringside physician for the Mass Boxing Commission. Dr. Dorfman was always a familiar face at the District meetings and was given the 50-Year Member Award in 1998. Contributions can be made to the Friends of the Homeless, 269 Worthington Street, Springfield, MA 01108.

LESLIE M. PARENT, M.D. 1910-2004

Dr. Leslie M. Parent died on November 17, 2004. He was a graduate of University of Minnesota School of Medicine. Dr. Parent a 30 -year anesthesiologist at Mercy Medical Center was a proud member of the American Medical Association, Massachusetts Medical Society and Hampden District Medical Society and received a 50-Year-Member Award in 2001. Donations in memory of Dr. Parent may be directed to the Shriners Hospital for Children, 516 Carew St., Springfield, MA 01104.

KENNETH L. MCEWEN, M.D. 1918-2005

Dr. Kenneth L. McEwen a well-known and respected radiologist in the greater Springfield area died November 4, 2004. Dr. McEwen, a graduate of Tufts Medical School was a member of the old Municipal Hospital board of trustees. An avid golfer, Dr. McEwen was saluted as Mr. Longmeadow in 1988 where the Club annually honors one of its senior members for contributions to golf and the Club. Dr. McEwen was very active in local art circles and participated in a two-man, doctor-lawyer team in an exhibit at the West Springfield Cinema theaters in 1964. Contributions may be made to Alzheimer's Association (Research Fund), 153 Magazine Street, Springfield, MA 01109. A celebration of Dr. McEwen's life is being planned

for the spring.

JOHN J. QUINN, M.D. 1920-2004

Dr. John "Jack" Quinn who died on December 8, 2004 practiced Family Medicine in East Longmeadow for 47 years. Dr. Quinn was the former East Longmeadow School physician and retired as Medical Director of the East Longmeadow Nursing Home in 1998. Dr. Quinn received the 50-Year Member Award in 2001. Donations may be made to Baystate Visiting Nurse Association and Hospice, 50 Maple St., Springfield, MA 01102-9058.

PALANIVELU J. RAMASWAMY 1933-2004

Dr. Palanivelu J. Ramaswamy died on October 26, 2004 in Paris France. Dr. Ramaswamy, a graduate of Madras Medical College in India arrived in the United States 1962 where he practiced for many years at Cardiology and Internal Medicine and prior to retirement at Family Care Medical Center. Donations may be made to the American Heart Assoc., Western Regional Office, 1111 Elm Street, Suite 9A, West Springfield, MA 01089-1540.

HMO Settlement Compensation

Physicians seeking compensation under the terms of the settlement of the national litigation against CIGNA must file their claims by February 18, 2005.

Physicians who provided covered services for CIGNA members from August 4, 1990 to September 5, 2003 and submitted claims to CIGNA HealthCare and its entities are considered part of the class eligible for compensation under the terms of the settlement.

As part of the relief offered by the settlement, members of the class can seek monetary compensation from two separate funds: the Category A Settlement Fund or the Claim Distribution Fund, which includes compensation related to coding, bundling edits, and medical-necessity denials.

To be eligible for compensation from either fund, class members must submit Proof of Claim forms between August 23, 2004 and February 18, 2005 (February 8, 2005 for electronic submitters).

Class members filing a Category A claim cannot also seek compensation from the Claim Distribution Fund.

Category A Settlement Fund

The Category A Settlement Fund consists of \$30 million in aggregate. Physicians filing Category A claims for a proportionate share of the fund can have the payment directed to them personally, to a CIGNA-established foundation dedicated to promoting high-quality health care, or to a foundation established by a state medical society. (For information on the MMS and Alliance Charitable Foundation go to <http://www.massmed.org/pages/foundation.asp>)

Claim Distribution Fund

This uncapped fund will pay three categories of compensation, as follows:
Category One Compensation: A list of specific code combinations that qualify for Category One Compensation is available at www.hmosettlements.com
Category Two Compensation: Physicians may resubmit claims they believe were improperly denied and/or reduced. These claims may include but are not limited to the code list for Category One, and they may fall outside the time periods on the Category One list.

Medical Necessity Denial Compensation: Physicians may resubmit claims they believe were improperly denied as not medically necessary or as experimental or investigational.

To read the notice and download the appropriate forms, go to www.hmosettlements.com and select "CIGNA".

Additional information may be obtained by calling MMS Health Systems at (800) 322-230.

Hampden District Medical Society Fall District Meeting September 21, 2004

The Basket Ball Hall of Fame was the site for this years Second Annual Family Night.

Dr. Anderson, President, welcomed members and their guest.

A moment of silence followed in memory of deceased member, Dr. Joseph Kresock who passed away since the Society's last meeting.

Mr. Le Maynard, a long time friend and co-worker presented Dr. John P. Sullivan with the Dr. Oliver Wendell Holmes Stethoscope Award. Dr. Sullivan's daughter, sons, daughter-in-laws, grand children and numerous friends attended to see Dr. Sullivan accept his Award.

The Lake Placid Olympic Training Center: "Is There a Doctor on the Bobsled"

Dr. Catherine O'Connor, a General Surgeon specializing in sports injuries, was the Keynote Speaker for the CME program. Dr. O'Connor attended undergraduate and medical school at the University of South Florida where she was a student athletic trainer for a number of years.

After going into private practice she began covering men's ice hockey games at Amherst College and quickly blossomed to include football, and then finally, becoming the medical doctor for all sports. Dr. O'Connor is co-director of sports medicine at the college and Chair of the MMS Committee on Health and Sports Medicine.

Dr. O'Connor was selected in 2003 by the USOC Sports Medicine division to do two weeks at the Lake Placid Olympic Training Center in upstate New York to provide medical coverage for all residents and camps at the Center.

For her presentation, she informed the participants of her experience while being the physician at the Center and described what current facilities and services are available to the elite United States athletes and the typical/atypical physician coverage of events and athletes.



Dr. John P. Sullivan receiving Doctor Oliver Wendell Holmes Stethoscope Award from friend Le Maynard.



Rebecca Lobo with Suzanne Skibinski's grandchildren, Taylor, Brendon, and Connor.



Dr. Richard Anderson, President and Dr. Catherine O'Connor.



Special Guest REBECCA LOBO

Rebecca Lobo, who grew up in the Western Massachusetts town of Southwick, was the guest speaker for the evening. She received national attention while playing for the University of Connecticut's championship women's basketball team. She turned pro in 1996, signing with the New York City Liberty as a starting forward/center.

In her talk, Rebecca described her challenges and the changes in sports she has experienced as a female athlete.

The youngest member of the 1996 U.S. Women's Olympic basketball team, she helped lead the team to winning a gold medal. She retired from the Connecticut Sun after the 2003 season.

Rebecca encouraged the young people in the audience to be active and told of the many highlights of her career like running with President Clinton.

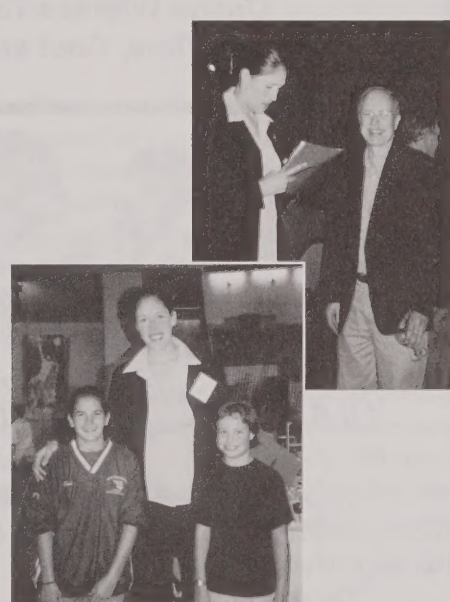
She spoke of the critical time in her career when her mother was diagnosed with breast cancer. She and her mother co-authored The Home Team, an autobiographical account of her career and her mother's successful battle against the disease.

Dr. Anderson presented both Dr. O'Connor and Rebecca with an HDMS, fleece jacket.

By: Suzanne Skibinski



Dr. John P. Sullivan with his granddaughter.



Hampden District Medical Society Alliance

The Alliance members held a luncheon at the Monte Carlo Restaurant on November 3, 2004. The Luncheon was held for physician spouses to meet fellow members of the medical family.

Nancy Ghareeb, past president of the Massachusetts Medical Society Alliance informed the attendees about the Massachusetts Medical Society Alliance and what a dynamic organization of physicians' spouses who are committed to support the medical family and healthy communities.

She informed the group that their major projects for the coming year involve health literacy, support for victims of domestic violence, and legislative advocacy.

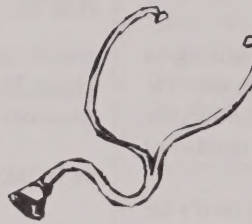
To become a member and get involved in your communities please contact Joan Asinas, President at (413) 734-1916 or contact Nancy Ghareeb ghareeb@massmed.org

“INNOVATIVE USE OF INTERNET TECHNOLOGY FOR MEDICAL CASE EVALUATION”

Presented by: **Adam Rosen, J.D., Ph.D.**
Jury Test Networks

12th ANNUAL FORUM
For PHYSICIANS and ATTORNEYS
CME Credit/Accreditation

Mock Trials
Jury Verdict Research
Witness Consultation
Witness Practice
Online Focus Groups
Online Witness Testing
Differences in Time, Cost and Convenience



MARCH 24, 2005

The Delaney House
Route 5, Smiths Ferry, Holyoke, MA
Registration 6:00P.M.
Social Hour
7:00 P.M. Dinner & Forum

Member – Non-Member Fee: \$40.00
Send check to:
Hampden District Medical Society
1111 Elm Street, Suite 22
West Springfield, MA 01089-1540



WOMEN IN MEDICINE

by Suzanne Skibinski

To celebrate September being Women in Medicine Month the Society invited all women physicians' to an evening of Fashion, Fitness, Fun and Relaxation.

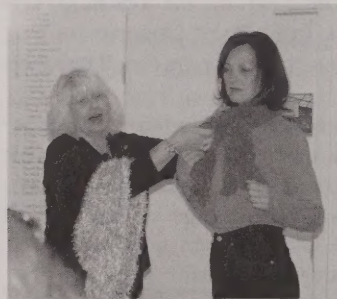
The event was held on September 23, 2004 at the Momentum The Pilates Center in West Springfield.

A light supper was served followed by a fashion show by Added Attractions. Owned by Carol Kononitz, Added Attractions is a personalized service providing exciting clothing and accessories within the Maureen Bellucci Day Spa. Added Attractions is available for wardrobe planning, private home showings, special events and fund-raisers.

Maureen Bellucci and her staff of Maureen Bellucci and Associates Salon-Day Spa did physician's hair and makeup. Ms. Bellucci has owned and operated her salon & day spa for 18 years. She is a member of the Advisory Board at Springfield Technical Community College for Cosmetology and is on the Premier Design Team for the Massachusetts Cosmetology Association. Through her fashion shows, Ms. Bellucci has raised more then \$20,000 to benefit cerebral palsy.

As ongoing chair massages were taking place, the "women physicians" were given a Pilates demonstration by Charrette Boyce. Ms. Boyce opened her West Springfield studio in 2001. Prior to relocating to the area, Ms. Boyce lived in New York City and worked in the Berkshires at Canyon Ranch. Ms. Boyce was introduced to Pilates for personal rehabilitation,

A fun time was had by all!



Medico- Religious Committee

Sr. Margaret McCarthy Co-Chair of the Medico- Religious Committee for 20 years retired after 26 Years of Ministry at Sisters of Providence Health System.

"Sister Maggie" started working at Mercy Medical Center in January 1979 as a chaplain in the intensive care unit. Sr. Maggie was on the ethics committee at Mercy Medical Center when it formed 20 years ago, and served as co-chair before taking over as chair about five years ago.

The department has 11 members and serves Mercy Medical Center, Providence Behavioral Health Hospital in Holyoke and Farnen Care Center in Turners Falls.

The Joint Commission on Accreditation of Health Care Organizations now requires that spiritual care be provided to patients and that the providers have special training and certification. Part of Sr. Maggie's role in leading Mercy's spiritual care department was to act as a liaison to the spiritual care providers in the community.

The Hampden District Medical Society wants to thank "Sr. Maggie" for her long commitment of serving on the Medico-religious Committee for 20 years.

Good luck Sr. Maggie on your next "ministry!"

Contributions to the Hampden District Medical Society Scholarship Fund would be most welcome...Through your generosity HDMS will be able to continue helping medical students. Any amount you give will be greatly appreciated. Please make donations out to: HDMS Scholarship Fund

Mail to:

**Hampden District Medical Society
1111 Elm Street, Suite 22
West Springfield, MA 01089-1540**

*The Society wishes to thank
Mrs. Dorothy Mozden for her donation*

20th MEDICAL ETHICS SEMINAR

**Organ Transplants: When Things Go Wrong
October 26, 2004, Mercy Medical Center**

In his welcome speech, Attorney Ted Brown, Committee member and Moderator informed the participants that in the past two weeks two Associated Press articles were written in regards to organ transplantation and ethics.

In one article a Colorado man waiting for a kidney since 1999 got tired of waiting and through Matching Donor Organization.com met a recipient. Because it is against the law to sell an organ, they claimed that no money was exchanged.

In the second article a Colorado coroner claims that an organ recovery team removed vital organs before it was proven that the patient was declared brain dead. The coroner claims that this could lead to criminal charges. He said that clarification needs to be made before organs are removed.

Dr. Thomas S. Derr, Professor of Ethics at Smith College was the Keynote speaker for the evening. Dr. Derr is professor of Religion and Ethics at Smith College. Dr. Derr teaches ethics in business, church

and state, sexual relations, international relations and medicine. Below is an outline of Dr. Derr's presentation on Organ Transplants: "When Things Go Wrong".

A. "A Second Chance"

- When medical facts say no
- What if patient fault is a factor?
- Cost
- Back to the wait list, but where?
- "Once is enough"

B. The "Undeserving" Candidate"

- The Seattle model: non-medical criteria for choice.
- The paradigmatic case: "lifeboat ethics"
- Patient selection in scarcity: patient behavior
- The wait list: the natural lottery and variations

C. Medical Error

- A generic problem
- Reasons for silence
- Reasons for disclosure

D. Organ Procurement Problems

- Increasing the supply: future possibilities and "presumed consent"
- Effect on treatment of the dying
- The condemned
- Paying donors

Dr. George Lipkowitz, Director of Transplantation at Baystate Medical Center gave a brief history on transplantation. He spoke on the important developments, the shortage of donors, need for donors, supply and demand, many die waiting, who benefits from donation, major legislation, what organs can be donated, what tissues can be donated, organ vs. tissue, non-heart beating donation, donation options, organ allocation, position on the UNOS list, dispelling allocation myths and about sharing your life, sharing your decision.

In 2003, there were nearly 25,000 organ transplants performed in the United States. Nevertheless, more than 6,000 Americans die each year awaiting a transplant. Approximately 750 tissue transplants are performed each year as well. Unbelievably, one organ and tissue donor can save or improve the lives of as many as 50 individuals.



Above: Attendess at the Alliance Luncheon.

At Right: Standing third from left, Nancy Ghareeb, Past President of MMS Alliance, Joan Asinas, President Hampden Alliance, and guests.



Drs. Robert Madden and Mike Germaine, Transplant Surgeons at BMC spoke on the "Dilemma's of the Health Team" which included recommendations of the ESRD Peer Workgroup and, "End of Life Decision Making".

Health Care Professionals.

- Nephrologists and other members of the renal care team should refer dying ESRD patients to hospice and/or adopt a palliative care approach to their management.

- Provide more data on deaths, including when dialysis is withdrawn and on hospice utilization.

Centers for Medicare & Medicaid Services:

- Update "Conditions of Participation" for dialysis units to include requirements for advance care planning and the provision of palliative care.

- Collect data on hospice utilization on the 2746 Form.

- Require that social workers be provided with sufficient time to counsel patients on psychosocial issues that surround EOL care.

Networks:

- Incorporate end-of-life/palliative care concepts.
- Conduct educational sessions for dialysis providers.
- Educate patients/families about end-of-life care.
- Institute palliative care programs
- Review practical barriers to honoring DNR request.

Legal & Practical Concern:

- Patient self-determination, autonomy, right to refuse treatment.
- Principles of beneficence & nonmaleficence.
- Informed consent.
- Issues of competence & surrogate decision-makers.
- Types of directives (oral, written, limited)

Findings of Education Subgroup

- Lack of ESRD specific books or chapters on palliative care
- Gap in curriculum of nephrology training programs
- Culture of denial in dialysis units
- Need for modification of the EPEC program for nephrologists.

Advance Care Planning

- Review existing state and techniques to improve ACP.
- Selection and distribution of the "Five Wishes" – (www.agingwithdignity.org)

Spiritual Care & Bereavement Services

- Notification Ritual
- Condolence call/letter
- Social Worker outreach
- Annual Memorial Service.

Patients who discontinue dialysis die in an average of 6-8 days. Despite improvements in dialysis care and general medical care, the annual mortality rate for dialysis patients remains high at about 23% (ca. 65,000 deaths/yr). About 250 per 1,000 incident patients will die in the first year on dialysis and another ca. 250 in the second year.

Symptoms related to ESRD and/or dialysis may also plague patients with chronic discomfort of mind, soul and body. Withdrawal from dialysis is not uncommon and, though often occurring in the setting of a major change and crisis in a patient's condition, the decision may take place in the setting of more gradual and chronic changes.

Panel members gave an overview of Baystate Medical Center-RW Johnson Foundation Renal Palliative Care Initiative as well as statistics in age groups for expected remaining years of life and % of survival in ESRD USRDS in a 2001 Report.

Barbara Loos, who donated her kidney to her sister Kathleen Pollard, was an invited guest. She spoke on her experience of being a donor.

By: Suzanne Skibinski

Handouts and an audio/tape of the program may be obtained by calling the Society office at: (413) 736-0661.

YOU CAN RUN, BUT YOU CANNOT HIDE

Nearly two years into the current medical liability crisis, it appears things are close to status quo. After the initial loss of one-third of its practicing obstetricians in the greater Springfield area, pregnant women are still getting prenatal care. Obstetricians are still answering pages in the black of the night. They are sometimes bleary-eyed from lack of sleep as they help mothers deliver their babies at area hospitals.

And sometimes bad things happen.

Medical liability insurance in the private market in Massachusetts can be upwards of \$120,000. Yet, the number of practicing obstetricians remains stable. Some obstetricians continue paying commercial rates. A large number of us have taken refuge under the umbrella of area hospitals. Baystate Medical Center's "offshore" self-insurance program offers rates below commercial rates. Mercy Medical Center provides some Ob/Gyns medical liability coverage through its internal insurance.

So life goes on... for now.

Do not be so complacent in the shelter that has been afforded to us. **Remember bad things happen.** And when they do, some patients will seek retribution. The current rates in captive programs are, in large part, based on the previous liability experience of its members. Given a relatively small pool of physicians, as well as some of the shelter that university affiliation

and sub-specialty practice may

enjoy, the number of cases against the program may not reflect the risk seen in a larger community. Now that the captive insurance is covering many more physicians and their mid-level providers, we may well see a change in the experience of the insurance program. It is likely that there will be more claims filed.

We can only wonder how long will it take for the numbers to catch-up. If we are to believe, and I do, that the increased insurance rates are not due to improprieties in stock market investments, but to excessive awards to plaintiffs, the clock is ticking.

More claims, more trials, more plaintiff decisions, and more awards. Higher rates.

So it's not over yet. Do not believe that the crisis is over. It is still early in the continuing battle. George W. Bush's plan to set caps on liability has been expanded to include cases against multi-national corporations. Using physicians as a foil, Bush's liability reform movement is pushing to protect corporate America. It is difficult to predict how this will affect the original movement to try to preserve patient access to medical care. Nevertheless, this is a new development



Dr. James K. Wang, M.D.

in that will be debated by all who have even the least interest in this topic.

It is critically important to remain educated and involved in the developments of liability reform. It is important to keep patients aware of the issues surrounding the tenuous state of medical practice in Massachusetts. It is important to know that at some point you just might need to make a stand. "And bad things happen."

Because we can run, but we cannot hide.

James Wang, MD

2ND Annual

"Physician & Their Families Make a Difference"

Throughout the month of November and December, HDMS member offices collected small items, such as personal care health and beauty products, baby food, formula, disposable diapers, small items of new clothing for adults and children, books and magazines. Christmas wrapped toys marked with appropriate age were donated by Suzanne Skibinski's Red Hat Society members. The items were distributed to area shelters.

The enclosed letter was received from the Administrator of the Providence Ministries for the Needy along with hand made Christmas cards from the children.

Dear Friends:

Thank you! Our ministry, which serves numerous people throughout the year, will utilize your gift of assorted new clothing, toys and toiletries so that others may have a joyous holiday. This is without question, a time in most people lives that they reflect upon. It is only natural for people to want to provide a bit extra for their families during this time of the year. However, in reality, there are a number of people who find this an impossible task.

The less fortunate continually try to make ends meet, but at times it can become overwhelming. We read the paper and know that hunger is not only a third world country problem, but exists here in our country as well. You may ask, how does that family continue to feed itself, and do a little extra around this time of year? The answer is clear – YOU and many others just like you! The compassionate that we see over the holidays truly does make a difference in the lives of so many.

You can be assured that our ministry will make the extra effort to distribute the bounty that you and others have made available, so that the holidays of those that we serve will be remembered.

Thank you once again for your thoughtfulness.

*Sincerely,
Robin Goshen*



L to R: Rep. Donald Humerson, Richard Anderson, HDMS President, Alan Harvey, VP, Mass. Medical Society.

For 65th Consecutive Year, AMA President-Elect "MEDICINE AND OUR POLITICAL HEALTH"

Highlights HDMS Winter Meeting

Dr. Edward Hill, a family practice physician from Tupelo, Mississippi, continued a long tradition when he became the 65th consecutive AMA President-Elect to address the HDMS at its winter meeting. Held at the Best Western Hotel in West Springfield on Tuesday, January 25th, 2005, the evening event was the centerpiece of Dr. Hill's activities in Springfield on Tuesday and Wednesday. 120 member physicians and spouses, Baystate resident physicians, state legislators and their staff, MMS and AMA dignitaries and other guests attended the gathering. Dr. Hill's presentation was the highlight of a dinner marked by socializing, good food, remembrances, a reunion, recognition and awards, some education about the state and local medical liability situations, and a bit of business.

The following day, Dr. Richard Anderson, HDMS President, accompanied Dr. Hill as he made appearances at four more events. Dr. Hill presented Grand Rounds at Baystate Medical Center at 8 AM. By 9:45 AM, he had moved on to visit the Springfield College Physician Assistant Program. He then delivered Grand Rounds at Mercy Medical Center at 11:45. He completed his official duties with a presentation to the Kiwanis Club at its monthly luncheon meeting at the Best Western Hotel.

Dr. Anderson opened Tuesday evening's program with a welcome and introduction of the medical and legislative guests. There followed a moment of silence in memory of Drs. Alfred Carter, William Dorfman, Leslie Parent, Palanivelu Ramaswamy, and John Quinn, all of whom passed away since the Society's last meeting. The annual budget was then approved.

Dates for non-member recruitment luncheons at Baystate, Mercy, and Holyoke Medical Centers; the Medico-Legal Forum; High School Doctor for a Day Program; HDMS Annual Meeting and Legislative Breakfast were announced and can be found elsewhere in this bulletin.

Dr. Anderson presented the local winners of two statewide awards: Dr. Maura Jo Brennan was recognized for having won the Leonard Tow, Humanism in Medicine Award given by Tufts University School of Medicine, and for being a finalist for the "Compassionate Caregiver of the Year Award." Dr. Deborah Hoadley was introduced as the winner of the Henry Ingersoll Bowditch Award for Excellence in Public Health, given by the Massachusetts Medical Society at its Interim Meeting in November.

Hampden District's own Senior Volunteer Physician of the Year Award was then presented to Dr. Thomas Race, in recognition of his role in the founding and operation of the Pioneer Free Health Service free clinic.

There was a reunion of sorts as Dr. Alan Harvey, a former HDMS member, returned as President-Elect of the Massachusetts Medical Society, to give our members an update on MMS' activity in the medical liability arena.

During his introduction of Dr. Hill, Dr. Anderson mentioned the speaker's long history of advocacy, not only for physicians, but also for patients, disease prevention and risk reduction. In this regard, Dr. Hill was instrumental in bringing Mississippi's infant mortality rate down from the highest to one of the lowest in the country. His achievements have been recognized when, for example, he was elected his state's Family Physician of the Year, and President of the Southern Medical Association. He continued his service as director of the family practice residency program at the nation's largest rural hospital, in several of his local community organizations and as president of the local school board for 12 years.

After an introductory reminder about Tupelo's most famous son (Elvis), Dr. Hill emphasized President Bush's concerns about the adverse effects that the medical liability atmosphere is having on the practitioners of medicine and their patients. He surveyed the breadth of the problem (125,000 active lawsuits against physicians), its depth (20 states, home to over half of the nation's population, have such crises in liability insurance that physicians limit or drop high-risk procedures or stop practicing there altogether), and its availability (the adoption of limits on non-economic damage awards, as in California's Medical Injury Compensation Reform Act or MICRA, has prevented crises in the availability and costs of malpractice insurance in the states that have so acted).

Dr. Hill noted that even though the plaintiff bar would appear to be spinning its wheels, since only about 6% of all lawsuits brought against physicians end in a trial verdict for the complainant, those

attorneys have been so successful in ramping up the awards in those cases that the total awards are getting beyond the system's ability to pay them. The "system" in this case refers to both the entire health care system and the liability insurance system. Medical liability insurance costs and defensive styles of practice sap 70 to 126 billion dollars away from patient care, dollars that could well help close the uninsured gap. The increasing difficulty of remaining solvent while providing medical liability insurance has caused many insurers to get out of the business.

Part of the lawyers' motivation, of course, is the contingency fee arrangement, through which the attorneys on average receive 35% of the awards. As a result, patients lose in at least two ways: Those patients who are judged to have been harmed lose by receiving only 50 cents on the dollar, only 22 cents on the dollar for actual economic losses; and all patients lose because legal the blame game discourages error reporting. As a result of the latter, the improvements that would result from analysis of those errors never occur. Unlike the aviation industry, medicine is not learning from its mistakes.

The AMA has been attempting to stabilize insurance premiums for physicians by working for both state and federal medical liability reform. While the results in several states have been favorable, and MICRA-like, and at the federal level there has been success in the House of Representatives in 9 out of the last 10 years, the Senate has been the perennial stumbling block. This is so even though MICRA allows unlimited awards for economic damages and, by establishing a sliding contingency fee scale for the attorneys, allows more of each



Dr. Edward Hill,
President-Elect of AMA.



L to R: Dr. Daniel George, Dr. Dennis Gordon,
Dr. Mark Sherman and Dr. Howard Turner.



Dr. George Ghareeb, MMS Secretary
& Treasurer & Dr. Edward Hill.



Dr. Richard Anderson and
Dr. Maura Brennan.



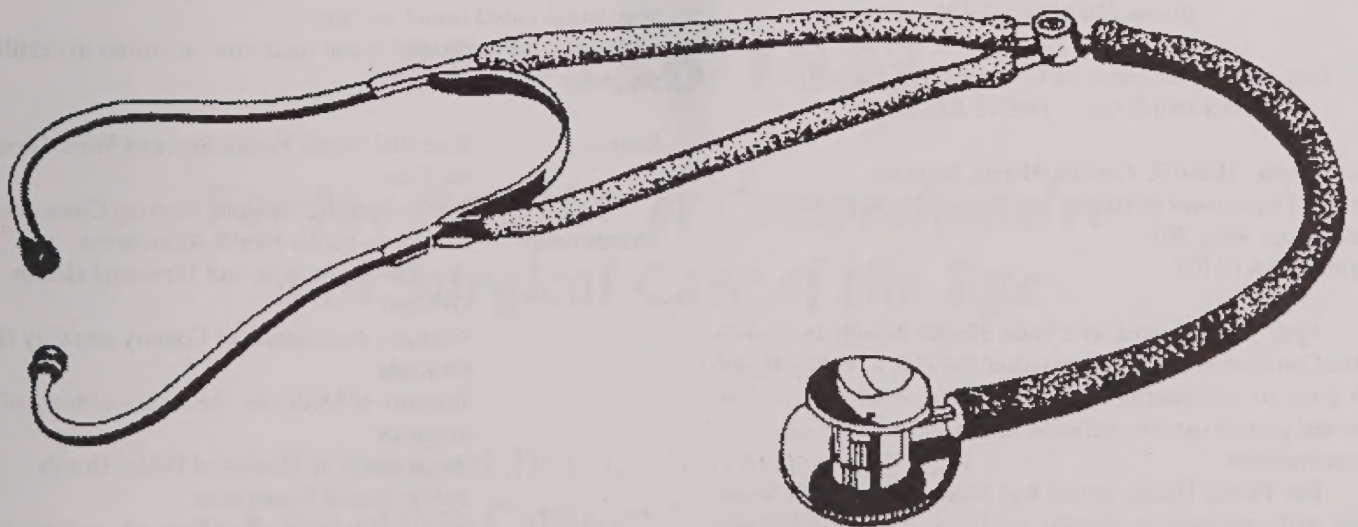
L to R: Maddie Allen, Representative Mary
Rogeness, and Dr. Stephen Metz.



Dr. Fadel and
Dr. Edward Hill.

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City of Springfield Health and Human Services

Just as public health during the last century has added years to our lives, the goal of public health in the 21st century is to “add LIFE to our years.” Through effective prevention and health promotion, we may be able to increase the number of years that we are healthy by delaying the onset of illness and disability and confining infirmity to a shorter period of time later in our lives – a concept which James Fries has termed the “compression of morbidity.” This would enable our citizens to live healthier, happier, and productive lives.

To achieve these goals, the Public Health system must confront challenges of chronic illness and debilitating conditions resulting from a serious lack of preventative efforts in areas such as sexually transmitted disease, early start and continuing tobacco use, cancer screening, diabetes testing, cardiovascular assessments, substance abuse, HIV/AIDS, environmental and workplace hazards and toxins, unintentional injuries, poor and lack of adequate nutrition linked to little or no physical activity. The Public Health Service has given priority to eliminating racial/ethnic health disparities, making children’s health a primary goal, and focusing more resources on mental health.

In this new century we have an excellent opportunity to make an awesome difference in the health status indicators of our residents just by unleashing knowledge we will have tomorrow, experiences we have today and the history of yesterday.

Join us for our Kick-Off Celebration Event

**Monday, April 4, 2005 at Springfield City Hall
Room 220 at 10:00 AM**

Empowering Residents to Live Stronger, Longer!

PRESS RELEASE – PRESS RELEASE

Contact Person: Helen R. Caulton-Harris, Director
Springfield Department of Health and Human Services
95 State Street, Suite 201
Springfield, MA 01103

April is celebrated as Public Health Month in Springfield, the Commonwealth and throughout the U.S.A. Public Health Month gives us an opportunity to learn more about how we best prevent and protect our own personal health and also our neighborhood environment.

The Public Health model has been credited with breakthroughs in the elimination of polio, smallpox, childhood lead poisoning, community water supply, reduction in smoking, and auto fatalities with the use of safety seats and restraints.

More recently public health has been at the fore front in monitoring, planning and preparing communities for potential bio-terrorism attacks using, gas, chemical and biological agents. Throughout the month community agencies will be providing information, education and in some instances screening to help our residents stay abreast of how best to prevent and protect themselves in the days and months ahead.

PUBLIC HEALTH IN AMERICA

Vision:

Healthy People in Healthy Communities

Mission:

*Promote Physical and Mental Health and
Prevent Disease, Injury, and Disability*

Public Health

- Prevents epidemics and spread of disease
- Protects against environmental hazards
- Prevents injuries
- Promotes and encourage healthy behaviors
- Responds to disasters and assists communities in recovery
- Assures the quality and accessibility of health services

Essential Public Health Services

- Monitor health status to identify community health problems
- Diagnose and investigate health problems and health hazards in the community
- Inform, educate, and empower people about health issues
- Mobilize community partnerships to identify and solve health problems
- Develop policies and plans that support individual and community health efforts
- Enforce laws and regulations that protect health and ensure safety
- Link people to needed personal health services and assure the provision of health care when otherwise unavailable
- Assure a competent public health and personal health care workforce
- Evaluate effectiveness, accessibility, and quality of personal and population-based health services
- Research for new insights and innovative solutions to health problems

Source: Essential Public Health Services Work Group of the Core

Membership: Public Health Functions Steering Committee
American Public Health Association
Association of State and Territorial Health Officials
National Association of Country and City Health Officials
Institute of Medicine, National Academy of Sciences
Association of Schools of Public Health
Public Health Foundation
National Association of State Alcohol and Drug Abuse Directors
National Association of State Mental Health program Directors
U.S. Public Health Service
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Office of the Assistant Secretary for Health
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Freeman P. Botnick, M.D.

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INTERNIST

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Internist (or Family Medicine Physician) needed - every other weekend. Must be board certified and able to provide excellent general medical care to patients during their stay in a post-acute hospital. Practice experience in Hospital Medicine, Geriatrics or Rehabilitation preferred, but not required. The ideal candidate will have superior clinical and communication skills and enjoy working in a dynamic team environment. Position also includes some holidays and very quiet (on-site midlevels) weeknight at-home coverage. Possibility exists to split position for right candidate.

Interested applicants should submit a CV and cover letter to: **John Larson, Senior Manager, Physician Recruitment, Baystate Health System, 759 Chestnut Street, Suite S1578, Springfield, MA 01199; Telephone: (413) 794-2571; Fax: (413) 794-5059; E-mail: john.larson@bhs.org. EOE/AA**



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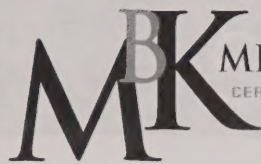
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Commitment

ACS Recognizes the Sr. Caritas Cancer Center for Its Commitment to Provide the Best in Diagnosis and Treatment of Cancer

The Commission on Cancer of the American College of Surgeons (ACS) has named Mercy Medical Center's Sr. Caritas Cancer Center as a "Community Hospital Comprehensive Cancer Program" (COMP).

Only one in four hospitals that treat cancer receives this special approval. It is a recognition of the quality of our comprehensive patient care and of our commitment to our patients to provide access to all the various medical specialists who are involved in diagnosing and treating cancer.

Receiving care at a Commission on Cancer-approved cancer program ensures that patients receive:

- A comprehensive range of state-of-the-art services and equipment
- A multi-specialty, team approach to coordinate the best treatment options
- Information about clinical trials, education and support
- Lifelong patient follow-up through a cancer registry

If you or someone you love has cancer, call the Sr. Caritas Cancer Center at 413-748-9230 to receive more information.

learn more at mercycares.com



A member of the Sisters of Providence Health
System and Catholic Health East, sponsored
by the Sisters of Providence.

Mercy
MEDICAL CENTER

Sr. Caritas Cancer Center
271 Carew Street, Springfield, MA 01104
413-748-9230

Wound Care

Mercy's New Wound Care Center® Program Helps Heal the Wounds Your Body Can't

For people with diabetes or poor circulation, a non-healing wound can mean the threat of infection, gangrene or even the loss of a limb. But it doesn't have to be this way. Now there is hope for healing at the new Wound Care Center at Mercy Medical Center.

The Center offers state-of-the-art care that addresses both the wound and its underlying causes. As a patient, you'll be seen by a dedicated team of medical experts who use the latest therapies to help heal wounds.

For more information, call the Wound Care Center at 413-748-9212.

learn more at mercycares.com



A member of the Sisters of Providence Health
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by the Sisters of Providence.

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NEW LOCATION

Pamela R. Henderson, MD,
formerly of Eyesight
and Surgery Associates
announces the opening
of her new office.

Henderson Eye Center, at:

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- accepting new patients and most insurances, including Connecticut insurances
- evening appointments
- general eye exams

SPRINGFIELD METROPOLITAN MEDICAL RESPONSE PROGRAM

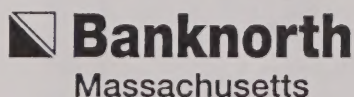
The Springfield Metropolitan Medical Response program will be conducting an exercise in conjunction with the federal TOPOFF exercise in Connecticut in April. The program is responsible for improving the region's ability to cope with catastrophic events. It has developed a structure to assist the first responder (police, fire, and ambulance), the hospital network, and finally the public health community to deal with the ramifications of an incident that generates a large number of casualties. This group has been meeting for about two years and has representation from a wide variety of agencies and institutions from within our area serving on it, including Dr. John P. Sullivan and Suzanne Skibinski from the Hampden District Medical Society. It recognizes that no amount of planning is going to solve all the problems that would result from a major incident, but it does believe that better planning will allow the region's resources to be used more effectively. It also recognizes that major incidents will be beyond the scope of any individual community and that they will require an integrated regional approach.

The exercise will involve the activation of a medical coordination group to assist local public safety and medical/health agencies to respond to issues that would result from a major incident in Connecticut. This could potentially include arranging for the deployment of medical resources to the disaster site or to back fill resources that have been deployed to it. Another issue being addressed in the exercise is hospital capacities and their ability to absorb large numbers of patients. Surge capacities, staffing, material support, need to be coordinated during large-scale operations and will be addressed as part of the exercise.

Representatives of Hampden District Medical Society, along with numerous other hospital, medical, public health and safety agencies, government agencies will be participating in next month's exercise. Additional information concerning the exercise can be obtained from James T. Controvich, the MMRS Project Director and Director of Springfield's Office of Emergency Preparedness at 787-6720.

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Beth Mineo
(413) 748-8269

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award to go to the patient. Dr. Hill stressed that the latest elections have increased the support for reform in the Senate, so the work will continue with a greater chance for success in that forum. There are other venues where the issue is being pressed also, most notably in Texas. There, citizens that voted for constitutional change that allowed limits on non-economic damage awards, with the result that hospital and physician premium rates dropped in 2004.

A further effort of the AMA, to improve patient safety, was also examined by Dr. Hill. He noted that the AMA actually was successful in helping usher the Patient Safety and Quality Improvement Act through both houses of the 108th Congress, but the bill did not become law because the conference committee could not agree on its final form. The effort will be continued in the 109th Congress.

Finally, Dr. Hill spoke about his personal interest in changing physicians' role from healing patients to changing their patients' personal behaviors to healthier choices through education. He felt that this was pertinent in multiple areas, including tobacco, alcohol, and drug use; obesity; Stud's; driving safety; and violence and suicide prevention. He recognized, however, that the best way for him and other physicians to be effective in this and the other areas mentioned above, was to encourage all physicians to become involved and active.

Ending the evening, Dr. Anderson presented both Dr. Hill and Dr. Harvey with a Hampden District fleece jacket.

By: Dennis Gordan, M.D.



Dr. Martin Murray.



Dr. Edward Hill and Dr. Mohan Roa, HDMS, Past President. Mercy Medical Center CME Luncheon.



Dr. Richard Anderson and Dr. Deborah Hoadley.



Dr. Edward Hill holding up his HDMS fleece jacket.

Liability Coverage of Volunteer Health Professions in Free Clinics

Congress authorized medical liability protection for volunteer health professions working in free clinics through Section 194 of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). If a volunteer health care professional meets certain requirements, the related free clinic can sponsor him/her to be a "deemed" federal employee for the purpose of medical liability coverage under the Federal Tort Claims Act (FTCA).

Implementation of the Free Clinics Federal Tort Claims Act Medical Malpractice Program (the Program) began on September 24, 2004. Under the Program, administered by the Health Resources and Services Administration's (HRSA) Bureau of Primary Health Care (BPHC), HHS will deem a volunteer free clinic health care professional to be an employee of the Public Health Service for purposes of FTCA medical malpractice coverage if the free clinic and health care professional meet certain requirements. An application process must be followed, and approval granted by HHS, before liability protection is granted.

For detailed information on the Free Clinics FTCA Medical Malpractice Program, as well as application instructions and eligibility requirements, call Debra Cohn at 202-789-7423; or, email: debra_cohn@ama-assn.org.

2004-2005 SENIOR VOLUNTEER PHYSICIAN OF THE YEAR DR. THOMAS RACE

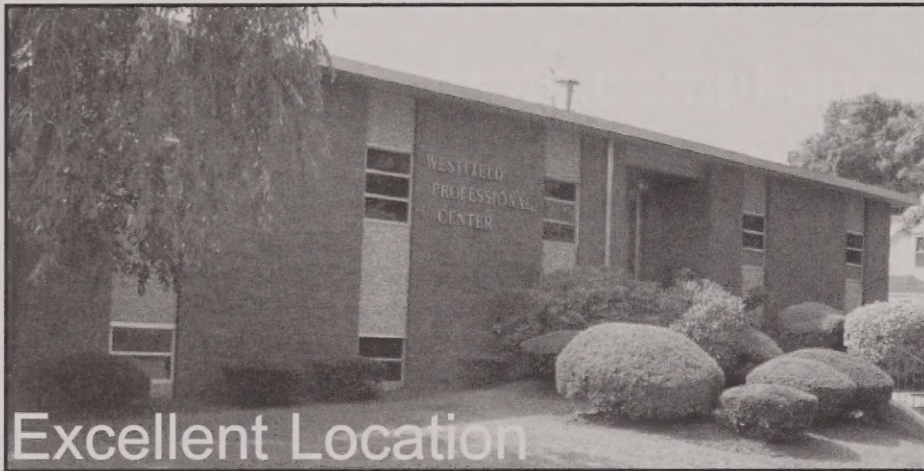
The Hampden District Medical Society has added Dr. Thomas Race to the distinguished roster of the HDMS Senior Volunteer Physicians. Geraldine Kennedy, RNC FNP a nurse at Mercy Medical Center, nominated Dr. Race for the 2005 Senior Volunteer Physician of the Year. In her Nomination Letter, Geraldine said, "Dr. Race has volunteered consistently over the past several years to provide medical care to under and uninsured clients of the Pioneer Valley Free Health Service and continues to volunteer even after retiring from a busy Gastroenterology practice. Dr. Race canvasses the offices of his colleagues for sample medication to keep the supply of medications readily available for clients. The clients attending this clinic can't pay for medications, so this service provided is vital to our organization. Tom's wit and good nature is evident to all that volunteer with him. There are no computers or high tech equipment; just hard working volunteers trying to help clients with medical needs, that are down on their luck. It's not an easy job, and yet Tom rises to the occasion and gives his best".

Hampden District Medical Society congratulates and thanks Dr. Race for donating his time to the needy.



Dr. Mohan Roa and Dr. Thomas Race.

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DOCTORS' DAY ORIGIN MARCH 30

Eudora Brown Almond was reared in the small village of Fort Lamar and from early childhood was greatly impressed with the selfless devotion of the medical profession's humanitarian service to mankind. She always carried in her heart fond memories of the gentle kindness of her family physician whose skill and understanding endeared him to his patients as both a beloved doctor and a revered friend.

Because of her affinity for the medical profession, Eudora Brown was destined to become a doctor's wife. In 1920, she married Dr. Charles B. Almond and moved to Winder, Georgia, where they made their home. Their happy and busy life together serving their fellow men, was the guiding spirit, which influenced her idea for doctors' day. As she walked through the years beside her husband, sharing the dedication of his life to the practice of medicine, the charity and courage, love and sacrifices in his daily ministry of healing humanity's ills, Mrs. Almond became convinced that medicine is the greatest profession on earth, and doctors, the greatest heroes. This respect and appreciation of the noble achievements of the profession inspired her to present to her local Auxiliary the idea of having a day on which to honor the practitioners of the Medical Arts. The suggestion met with immediate approval and the Auxiliary adopted the following resolution, in 1933:

"Whereas, the Auxiliary to the Barrow County Medical Society wishes to pay lasting tribute to her Doctors, therefore, be it,

"Resolved by the Auxiliary to the Barrow County Medical Society, that March 30, the day that famous Georgian, Dr. Crawford W. Long first used ether anesthesia in surgery, be adopted as "Doctors' Day," the object to be the well-being and honor of the profession, its observance demanding some act of kindness, gift or tribute in remem-

brance of the Doctors."

The first Doctors' Day observance ever held was by the Barrow County Auxiliary on March 30, 1933. The Auxiliary mailed cards to the doctors and their wives. Flowers were placed on graves of the deceased doctors including that of Dr. Crawford W. Long. The ceremonies concluded with an elegant four course dinner at the spacious home of Dr. and Mrs. William Randolph with appropriate toasts, tributes and responses and the hope that hereafter, Doctors' Day would continue to be observed on March 30 of each year.

When suggesting that physicians be honored, Mrs. Almond originally had in mind only the Winder and Barrow County doctors. Little did she realize, when at last the cherished dream she carried within her heart for so many years became a reality, that it would include doctors in all parts of this country and across the seas as well. Our neighbors to the South of us in Cuba also celebrate a day in honor of the men and women fashioned after our Day of Commemoration.

And so out of the gratitude of a little girl for her kindly family physician, and from the loving heart of a doctor's wife, so justly proud of her husband whose work was his glory, emerged a most beautiful tribute to the medical profession ----- DOCTORS DAY!

THE RED CARNATION SYMBOL OF DOCTORS' DAY

Red denotes:

Masculinity
Love
Charity

Sacrifice
Bravery
Courage



The analogy of the carnation is closely woven in medical science, so it is only fitting that this flower, so tailored by nature for masculine use with its spicy scent, was chosen as the symbol of Doctors' Day.

The flower---its meaning:

Divine---Rejoicing---being said to have appeared on earth for the first time when Christ was born.

Crown---coronation---denotes honorary distinction.

Its spicy fragrance was used in seasoning dishes "to preserve the body of men, both in mind and spirit."

From the juice of its petals a wine was made "that did comfort the heart of man."

The District will be distributing Red Carnations, the symbol of DOCTOR'S DAY, to area medical center luncheons on Wednesday, March 30th.

by: Suzanne Skibinski

Easing the burden of racial and ethnic health disparities



Dr. Claudia Martorell stands on the front lines in caring for minority patients with chronic, often fatal diseases.

When she first entered the arena of infectious diseases, she would treat many Hispanic patients, who came into the ER with full-blown AIDS, "and they never even knew they had HIV," she said. "They had never been tested, never even been to a doctor."

Building patient trust

Dividing her time between Springfield and Boston, Dr. Martorell is devoted to breaking down barriers that preclude minority populations from receiving effective care. She also helps enroll advanced AIDS patients into experimental studies, a difficult task considering the lingering distrust many harbor as a result of incidents such as the Tuskegee Syphilis Experiment. This last challenge — earning her patients' trust — might be her greatest strength. "They don't always believe the doctor is listening to them or understand why the doctor is giving them medication," explained

Dr. Martorell, who recently coordinated three legislative oversight hearings on health disparities (concerning Asian-Americans, blacks and Hispanic-Americans) for the Joint Committee on Health Care of the Massachusetts State House of Representatives.

"I think the best thing I do is establish relationships with my patients. Most of the conditions I see are long term and mostly seen in minority populations. If I'm going to be seeing them for so long, I must ensure that they trust me and will listen to me so they can be successful with their medications." For example, Dr. Martorell is fluent in English, Spanish, French and understands Portuguese. "If I have a Somali patient and I don't know her background, I'll do research and talk to interpreters to learn more about her environment." In this

vein, she stressed the importance of working with a multidisciplinary team, including physicians, nurses and interpreters. She also cited a need for physicians to understand socio-cultural issues surrounding their patients. "Sometimes they don't have food for their kids, they lack insurance despite having multiple jobs or they don't have a car to get to their appointment. HIV treatment may be the least of their problems."

A 2004 AMA Foundation Excellence in Medicine Award recipient, Dr. Martorell noted that the AMA-MAC (visit www.ama-assn.org/go/mac to join) offers her the opportunity to bring this issue to physicians nationwide. She can actually help shape AMA policy regarding health care disparities. "It gives me the chance to have a significant impact on the issues I feel passionate about, such as health care disparities and insurance coverage for all." tolerance policy toward racially or culturally biased health care.

AMA President John C. Nelson, MD, MPH, has made it clear that eliminating such disparities is a top AMA priority. "This issue reaches into the core of everything we are about as physicians," Dr. Nelson said. "We are absolutely committed to this and it is something I will address throughout my presidency." As an example, at the 2004 Annual Meeting, the AMA added a voting position in the House of Delegates for the AMA-MAC — one step toward eliminating health disparities and increasing diversity in medicine.

According to the most recent AMA Member Connect survey, improving public health and increasing health insurance to the uninsured are two of AMA members' main priorities. The AMA to address these issues, including has established numerous policies and programs:

AMA Commission to

End Health Care Disparities

In July, leaders from more than 40 public health, state and specialty medical societies and organizations convened in San Diego to brainstorm methods for increasing professional awareness of racial and ethnic health disparities; improving workforce diversity; and identifying education and training needs of students and practicing physicians.

The next meeting for the Commission to End Health Care Disparities — created by the AMA's Unit on Medicine and Public Health and the Health Disparities Working Group (co-sponsored by the AMA and the National Medical Association) — is slated for Jan. 31, 2005, in Washington, D.C.

Doctors Back To School

Doctors' Back to School aims to raise awareness of the need for more minority physicians and to encourage children from under-represented minority groups to look at medicine as a career option. Through the program, physicians and medical students visit schools and community organizations to help young minority children realize they, too, can follow the same path.

Visit www.ama-assn.org/ama/pub/category/7131.html to become involved.

Minority Scholars Awards

Medical student debt tends to disproportionately affect minority students, often dissuading them from entering medicine. In an effort to encourage more minority students to pursue medicine, the AMA Foundation, in collaboration with the AMA-MAC, created the Minority Scholars Awards program. In 2004, 10 \$10,000 awards rewarded personal commitment and scholastic achievement in the form of tuition assistance to historically underrepresented student groups, such as blacks, Native Americans, Mexican-Americans and Mainland Puerto Ricans.

Recognition of Excellence in Eliminating Health Disparities

The AMA's Program on Health Disparities and its Health Disparities Internal Working Group has developed the Recognition of Excellence in Eliminating Health Disparities. This recognition highlights six individuals per year and their contributions toward the elimination of health disparities.

E-mail mckenzie_smith@Ama-assn.org to nominate a peer.

Addressing health disparities

Overcoming diverse challenges

Dr. Martorell, who serves as an at-large representative to the AMA Minority Affairs Consortium (MAC), said her experience as a patient has only fueled her commitment to eliminating racial and ethnic health disparities. "When it happens to you, you understand just how important it is to be sensitive to patients, who are in such a delicate state." Current barriers that the AMA and members — such as Dr. Martorell — are working to eliminate include: insufficient access to health care (including the uninsured); a lack of physician diversity and cultural competence; too few bilingual staff and trained interpreters; and the presence of prejudice and bias in health care providers. Rectifying inequalities in health care will contribute to patient satisfaction and compliance, and increase workforce diversity. It will also improve access and quality in under-served communities, where a disproportional percentage of underrepresented minority physicians choose to practice.

A national epidemic

Unfortunately, health care disparities and their effects on patient care are widespread in today's health care system. In 1999, Congress asked the Institute of Medicine to study the extent of disparities in the types and quality of health care received by U.S. racial and ethnic minorities and non-minorities. The resulting report, "Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care," revealed that despite steady improvements in Americans' overall health, racial and ethnic minorities experience a lower quality of care, are less likely to receive routine medical procedures, and have higher rates of morbidity and mortality than non-minorities.

These disparities, the report showed, persisted even when controlling for socioeconomic status, gender, condition and age. For example, according to the Centers for Disease Control and Prevention, in 2000, Hispanics represented 13 percent of the U.S. population (including Puerto Rico), but accounted for 19 percent of the total number of new AIDS cases reported in the United States that year. The number of new AIDS cases per 100,000 Hispanics in 2000 was 22.5, more than three times the rate for Caucasians (but lower than the rate for blacks).

As medical director of the Tuberculosis Control Program at the Boston Public Health Commission and a clinical instructor in medicine at Boston Medical Center/Boston University, Dr. Claudia Martorell, MD, an infectious disease specialist from West Springfield, Mass., in October 2002 came to Chicago to present research to the Infectious Disease Society of America. Eight months pregnant, she and her husband had driven 17 hours, as flying was inadvisable for her pregnancy. When Dr. Martorell's water broke prematurely, she was rushed to a hospital, triggering an experience she'll never forget. The conduct of the physicians there, she said, radically opened her eyes to the problem of racial and ethnic health disparities — more so than her years of clinical experience and research into HIV/AIDS in the Hispanic community. "I felt that they saw this young looking, Puerto Rican woman, and became judgmental," recalls Dr. Martorell, who ordinarily does not immediately identify herself as a physician

when receiving treatment. "The doctors told me I was irresponsible to not have an OB/Gyn or primary care physician in Chicago." Dr. Martorell's husband, also a physician, then told the attending that the patient they were admonishing was a physician herself. From then on, she said, "I was treated like a queen

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DOCTOR BACK TO SCHOOL

AMA Doctors Back to School program inspires new generation of physicians.

If you are like many physicians, you are practicing medicine because you knew someone who inspired you to follow that path.

The AMA Minority Affairs Consortium (MAC) is calling on all physicians to fill a similar role for children in their communities to take part in Doctors Back to School.

Doctors Back to School is a program that aims to raise awareness of the need for more minority physicians to encourage children from underrepresented minority groups to look at medicine as a career option. Through the Back to School program, physicians and medical students across the country visit schools and community organizations where young minority children realize they, too, can follow the same path.

Physicians are encouraged to continue making visits to schools and other community programs whenever they can during the year.

The MAC wants children of all backgrounds to realize medicine is an option for them. We are particularly focused on black, Hispanic, and American Indian children because those minority groups are so underrepresented in medicine today. Seven percent of physicians and six percent of medical school faculty members are from one of these underrepresented groups.

African-Americans, Hispanic-Americans, and American Indians make up nearly a quarter of the U.S. population today and are expected to make up a third of the population within 30 years—but only seven percent of physicians and six percent of medical school faculty members are from one of these underrepresented groups.

Increasing diversity in medicine is important not simply for its own sake, but for patients'. Minority Americans continue to be in poorer health and face more difficulties in getting medical care than white Americans, a show that minority physicians are more likely to return to their communities and provide care for minority under-served populations.

The time required from you would be minimal, but it could have a lasting effect on the life of a young person. All you have to do is set up and conduct a short visit to the school, church, or community organization of your choice.

Sharing the smallest aspect of your practice may be all it takes to spark the curiosity of a young mind. Simply showing students a stethoscope or x-ray films can make medicine that much more tangible and within reach. Through involvement, Doctors Back to School can sow the seeds of interest that eventually will grow minority physicians.

Dr. Claudia Martorell, Chair of the Public Health Committee will be conducting the 1st "Doctor Back to School" program in Massachusetts to students at Lincoln Elementary School in Springfield on Monday, March 28, 2005 at 1:00 P.M.

*Please contact Suzanne Skibinski at (413) 736-0661.
An action kit will be provided.*

Massachusetts Medical Benevolent Society

Rehabilitation of physicians is remarkably successful.

For 146 years the Massachusetts Medical Benevolent Society has provided financial grants to physicians and their families during hard times.

Over the past decades the Society has provided assistance for hundreds of physicians and their families. With the development in managed care, the times have never been tougher for physicians in practice or in residency. The workload and stress levels can be overwhelming.

As a result of the enormous pressures, each year 8 to 10 resident physicians of various specialties in Massachusetts sign contracts with Physician Health Services for monitoring and screening for substance abuse disorders and other serious problems. Plunged into despair, out of work, and loaded with debt, they struggle to recover from the risk of impairment.

We need your help to financially assist these young physicians. With counseling, monitoring, and support, 80 percent will recover and complete a residency, and will return to the practice of medicine. Our goal is to provide them with modest financial support to enable their recovery. The need is great. We look to you to help your fellow physicians in distress.

Please send your tax-deductible contribution to:

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Massachusetts Medical Benevolent Society
860 Winter Street
Waltham, MA 02451-1141

Your donation will support grants to Massachusetts's physicians in need.

BAYSTATE MEDICAL CENTER HDMS RECRUITMENT LUNCHEON

By Dr. Heather Sankey

Try it, you might like it!! That was the message to 75 physicians in the Chestnut Conference Center at Baystate. Dr. Ken Peelle, Massachusetts Medical Society Vice- Chair, joined me in speaking with a group of non-members about membership in the Hampden District Medical Society. With a terrific slide show of recent events hosted by HDMS behind us, we each gave a brief overview of why we're not only members, but also active in organized medicine, and then opened the floor for an informal discussion.

We asked the group what worries they had about the future of medicine. Most of the attendees were residents, and they brought up some significant concerns such as the perfect storm of high malpractice rates, high medical school debt and low reimbursement. Many expressed concern about loan repayment. One physician pointed out that there were no opportunities listed within Massachusetts to work in an underserved area for loan repayment.

There was also concern expressed about the desire to just practice medicine without having to learn how to lobby members of congress, or understand legalese.

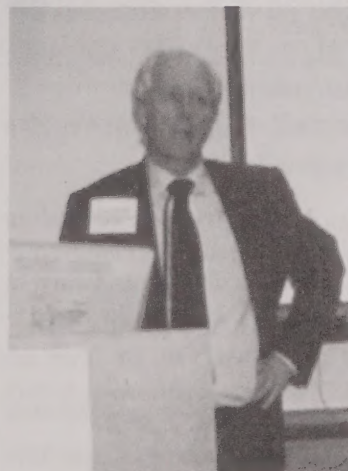
Dr. Peelle and I suggested that by working together as a group to address these issues, we achieve several things:

- As a group we have more clout with legislators, insurance companies, etc.
- An organization such as the Massachusetts Medical Society has many resources that individual practices don't, such as lobbyists, financial advisors, and lawyers to help us deal with issues outside of our sphere of knowledge.
- If physicians who train in Massachusetts have to go outside of the state for loan repayment options, then we are losing some of our best and brightest. MMS can and should address this, and we can if we know what the problems are.

Hampden District Medical Society is offering a free one-year membership for new members, so now is a great time to join!!



Loring Flint, M.D., Senior VP of Medical Affairs attended B.M.C. Non-member Recruitment Luncheon.



Dr. Kenneth Peelle, VP
Massachusetts Medical Society



Dr. Linda Canty,
I.M. Resident B.M.C.

2005 COMMUNITY CLINICIAN OF THE YEAR MARK J. MULLAN, M.D

The Hampden District Medical Society is proud to announce that Mark J. Mullan, M.D. is the recipient of the 2005 Community Clinician of the Year Award given jointly by the Massachusetts Medical Society and the Hampden District Medical Society. This Award, created in 1998, is bestowed on physicians who have made exceptional contributions to the practice of medicine and to their patients in their own communities.



Dr. Mullan graduated from Tufts University and completed his Residency and Internship at Baystate Medical Society in 1981.

Dr. Mullan joined the medical society in 1983 and has worked on behalf of his colleagues at both the district and state medical society levels since 1985. He served as President in 1991-1992 and continues to serve on the Executive Committee, as well as perform his duties as Treasurer and Chair of the Medico-Legal Committee.

Dr. Mullan serves on the Massachusetts Medical Society Committee on Nominations, Committee on Recognition Awards, Board of Trustees, not to mention that he has chaired and served on numerous Reference Committees and submitted numerous key resolutions to the Massachusetts Medical Society House of Delegates.

Dr. Mullan, working in a small group practice, will not give in to the dictates of the third party. He is discretionary in his resorting to technology; he thinks before he refers; nothing is automatic with him.

Dr. Mullan is admired for his clarity and intelligence with which he discusses those issues which come down to affect and protect the rest of his colleagues in the trenches.

His Irish wit, his initiative, and his tenacity are recognized and appreciated on both the district and state level.

Dr. Mullan resides in Springfield with his wife Dr. Sara Mullan and their three children.

Hampden District congratulates Dr. Mullan for his outstanding compassion, dedication and commitment to patients, community and the medical profession. Dr. Mullan will accept his Award at the Annual Meeting being held on April 26, 2005 at the Springfield Country Club in West Springfield.

By: Suzanne Skibinski

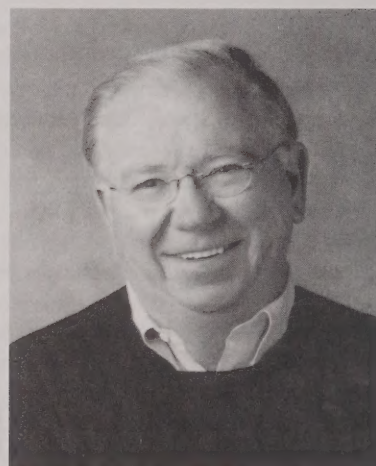
Debt Collection Tactics – Business Beware!

Many business owners are faced with the arduous task of collecting receivables that are due and owed to the business for services rendered by it. This is a daunting dilemma given the fact that many laws exist to protect a debtor from collection practices that a business owner, collection agency or attorney hired may employ to collect the debt. Many business owners are finding themselves unable to collect valid debts because they may have employed collection methods that are deemed abusive, deceptive or unfair.

SAVE THE DATE! ANNUAL MEETING TUESDAY, APRIL 26, 2005

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West Springfield*

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Dr. Kevin Leman***

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So the question that many business owners are faced with is "How can I collect my accounts receivable in a cost efficient manner that complies with the laws of the Commonwealth?" The answer is not a simple one. It involves a detailed analysis of federal and state law to ensure compliance with both. Otherwise, the creditor or his attorney may be liable for violation of the Fair Debt Collection Practices Act and the Massachusetts General Laws.

In 1977 Congress passed the Fair Debt Collection Practices Act. It was passed after hearings were held before various Congressional committees indicating that there were widespread problems with collection practices employed by collection agencies. The Act was passed in order to ensure that debtors were not harassed, intimidated or abused by collection agencies in collecting a debt, whether valid or invalid. In addition to Congress enacting this Act, many states began to enact similar statutes protecting debtors from unfair and deceptive trade practices from collection agencies, creditors themselves or attorneys hired by the creditors to collect debts.

Laws promulgated in Massachusetts distinctly detail the practices that are prohibited in the collection of debts owed by a debtor. The Massachusetts laws pertain to anyone who is a creditor, an attorney for a creditor, or an assignee of a creditor attempting to collect a debt of any person present or residing in Massachusetts when the debt was incurred. The statute specifically states what constitutes unfair, deceptive and unreasonable practices when collecting or attempting to collect a debt.

There are four basic categories of debt collection practices that have been deemed unfair and deceptive in the Commonwealth of Massachusetts. The first category is creditor transmission of any information regarding a debt to anyone other than the person who owes the debt, or who might reasonably be expected to be liable for the debt. In some instances, a creditor may be tempted to forward a demand letter to the spouse, sibling or parent of a debtor. This is prohibited by the laws of the Commonwealth. However, this does not forbid a creditor from notifying the debtor that the debt is due and owed, that the debt may be reported to a credit bureau, or that an agent or attorney may be engaged for the purpose debt collection.

The second practice that has been deemed unfair and deceptive is direct creditor communication with the alleged debtor after notification from an attorney representing the debtor that all further communications relative to the debt should be addressed to him or her. Once a debtor has retained an attorney and the attorney has contacted the creditor, all communications must be directed to the attorney. This is critical, because if a creditor violates this provision, he or she could be liable to the debtor under the laws of the Commonwealth.

The third category is creditor communication with the alleged debtor in a manner intended to harass or embarrass the alleged debtor, including, but not limited to communication at an unreasonable hour, with unreasonable frequency, threats of violence and/or the use of offensive language, or threats of any action that the creditor does not customarily take in the usual course of business. Many creditors find it difficult to actually make contact with debtors. As a result they often make multiple attempts to contact the debtor that may not be in the normal course of business hours. This may be construed as a violation of the debt collection practice regulations.

The final practice deemed unfair and deceptive is creditor communication with alleged debtors through the use of forms or instruments that simulate the appearance of judicial process. One of the final steps in collecting a debt is instituting litigation against a debtor.

Therefore, an attempt of a creditor to defraud a debtor into believing legal proceedings have already been initiated is contrary to the fair debt collection statute.

A creditor must ensure that none of above-reference practices are utilized in attempting to collect an outstanding debt. In the event that these practices are employed, the creditor may be subject to damages resulting from the unfair and deceptive collection practice.

Creditors must, however, be assured that their hands are not tied in collecting debts due and owed provided they do so in a manner that is efficient, reasonable and fair. In most instances, a business owner can forward a "demand letter" to a debtor to initiate the collection process. It is recommended to mail the demand letter via both certified, return receipt requested and regular mail. The purpose of this is so that the creditor has a record of receipt of the demand letter, which should consist of the nature of the debt and a copy of an invoice and contract, if relevant. The demand letter should also require a date by which the outstanding balance must be paid before further collection actions will be taken. In the event the balance is not paid within the specified time and no agreement has been made with the debtor, a lawsuit may be instituted to collect the debt.

Although the aforementioned is not an all-inclusive list of laws and practices currently enacted in the Commonwealth with regards to debt collection practices, it serves as an overview of what business owners must be aware of when attempting to collect outstanding debts. For a more extensive description of the laws in effect relative to fair debt collection practices, please refer to the Massachusetts General Laws, specifically, Chapter 93A and the Fair Debt Collection Practices Act. In the event that all else fails, a business owner may secure legal counsel to further pursue monies owed.

Benjamin M. Coyle is an associate in the Estate Planning and Elder Law department of Bacon & Wilson, P.C, Attorneys At Law. His specialties include the litigation of estate issues, business and municipal matters. He can be reached at 413-781-0560.

Syringe/Needle Exchange Programs (NEP) in Springfield, MA

The cities of Springfield Council Members are about to decide in the next month or so whether they approve the Needle Exchange Program (NEP) in Springfield

Recently, Dr. Douglas Barnshaw and Dr. Alonzo Sheffield, representing the Public Health Committee of the HDMS, attended a meeting at City Hall to discuss the benefits of NEP with Mayor Charles Ryan.

Benefits and risks of NEP were discussed, and opposition to NEP implementation exists due to moral issues, politics and misconceptions regarding NEP.

Consequently, the Public Health Committee invited the City of Springfield Council Members, Board of Health Council members for the City of Springfield, Helen Caulton Harris, Health Commissioner for the City of Springfield DHHS, physicians, religious groups and community members to a meeting to discuss and facilitate NEP implementation.

After a thorough examination of the available literature, it is the opinion of the Hampden District Medical Society's Public Health Committee, that the public-health benefits of establishing a Needle Exchange Program (NEP) in the general Springfield area, is worthy of sober and rational consideration by the Springfield City Council. We submit the following observations and comments as reflected in many prestigious

studies done in other US cities and town as well as developed countries around the globe.

Injection drug use has long been established as a major contributor to the risk of developing HIV/AIDS and other diseases including Hepatitis B and C. Injection of any sort is an even more efficient way of spreading HIV than sexual intercourse and, since injecting drug users are often linked in tight networks and commonly share injecting equipment with other people without cleaning it, HIV can spread very rapidly in these populations.

Any assessment of the public health impact of needle exchange programs (NEPs) must commence with the recognition of the critical links between the epidemics of human immunodeficiency virus (HIV) and substance abuse, and the relationship between HIV infection among injecting drug users (IDUs) and transmission to sexual partners and children. It is estimated that up to half of all new HIV cases in the US are occurring among IDUs, either by directly sharing contaminated needles or through sex with partners who inject drugs.

According to the Massachusetts Department of Public Health data, in Springfield, Massachusetts, the rate of HIV/AIDS infection among city residents on January 2004 can be estimated as 6.0/1,000. Of the affected residents alive on January 2004, 43% are believed to have become infected by injecting drugs. 50% of the residents living with AIDS were infected by injecting drugs whereas 34% of those living with HIV infection only, were infected shooting drugs. Furthermore, the percent of persons becoming infected with HIV who are female has been increasing, many of them being sexual partners of injecting drug users (IDUs).

At least six government-funded studies of HIV infection among drug users in the USA concluded that needle exchange programs significantly reduce new HIV infections without encouraging drug use. Evidence-based findings on the efficacy of syringe exchange programs: an analysis of the scientific research completed since April 1988, submitted by the US Department of Health and Human Services and authored by former US Assistant Secretary of Health and Surgeon General David

Satcher in 2000 contributes substantially to the strength of the scientific data showing the following **effects of syringe exchange programs: 1-a decrease in new HIV seroconversions, 2-an increase in the numbers of injection drug users referred to and retained in substance abuse treatment, 3-well documented opportunities for multiple prevention services and referral and entry into medical care, 4-NEP does not increase the use of illegal drugs among participants in syringe exchange programs. 5-In many cases, a decrease in injection frequency was observed among those attending the program.** Despite these results, however, federal funding of needle exchange- programs is still prohibited in the USA because of political opposition.

In one study it was estimated that failure to implement wide-spread needle exchange programs in the USA between 1987 and 1995 would cost the country at least US\$244 million in medical care for HIV cases that could have been prevented. Mathematical models based on existing data predict that needle exchanges could prevent HIV infections among clients, their sex partners, and offspring at a cost of about \$9,400 per infection averted. This is far below the \$195,188 lifetime cost of treating an HIV-infected person at present.

Services provided by the NEP therefore, is considerably broader than simply the exchange of syringes, and emphasize links to other public health services, including drug treatment and integration into the existing public health system is a likely future option. Springfield, MA is a municipality that is heavily affected by an HIV epidemic driven by injection drug use, and should consider syringe exchange programs as a tool for the identification, referral and retention of active users of injection drugs into these services, as part of a comprehensive HIV prevention plan.

Claudia Martorell, M.D., M.P.H.,
Chair, Public Health Committee,
Dhanesh Dookhran, M.D., M.P.H.,
Co-Chair, Public Health Committee
& Public Health Committee Members
Hampden District Medical Society

The following letter was recently sent to the "Hippocrat".

Dear Friends:

In my youth the arguably most distinguished surgeon in the City was one Stanley S. Stusick, a gentleman of Polish Catholic heritage who was known for his goodness. He attended Mother several times and she preferred the Ludlow hospital where his portrait eventually hung in the front lobby.

A pianist himself Stusick married Alice Mikus of Chicopee, of Polish National Catholic heritage, whom had been a child prodigy and was Harpist in the Springfield and Hartford Symphonies and was popular as an occasional musician for great numbers of weddings, funerals and religious holidays. She had a sister Irene Mikus who graduated from the Elms and was a multi disciplinary show person best known for her promotion of bell ringing. And there was a brother, Karl Mikus, a graduate of Bay Path; known as "the Piano Man" who often performed with Irene: they traveled all around the country. Irene performed in an assembly at Buckingham when I was there, playing, among other novelties, "The Flight of the Bumblebee" on the violin while holding it behind her back!

Stanley Stusick and wife Alice had two daughters whom they rigorously trained as lady musicians, Valeda and Mary-Alice, whom I knew in school and in the Junior Symphony.

I have been fortunate to acquire a substantial chunk of the family's musical archives, and in memory of them I have issued two lovely postcards. While supplies last I shall send a card to anyone who sends me a nice note requesting a card, or both cards, and enclosing postage stamps for the cards.

I may issue additional images on cards at a later date and I am looking to place material from the archives with various institutions (Tufts University, Russell Sage, University of Hartford, The Elms, Bay Path) with which the family was connected.

Felicitations,
J. Wesley Miller



EMR: LETS GO SLOW

By: Dr. Mark Mullan

Column A	Column B
HMOs	Statin Drugs
PPOs	
Captivation	Laparoscopic Surgery
Prior Authorization	Lens Implants
Drug Formularies	Colonoscopies
Medical Directors	PSA
Withholds	Angioplasty
POS	CT/PET/MRI Scans
Doctor Quality Rankings	Proton Pump Inhibitors

From which column would you say the items listed contributed more to the cost and quality of medical care over the past twenty years? Well, if you've listened to insurance companies, medical directors, healthcare administrators and politicians over that period at each juncture of time you would have been led to believe that the items in Column A, as well as many others of a similar nature, were on the revolutionary front at a new improved way to practice medicine. Those of us who actually do practice medicine have obviously discovered differently.

Well, if you haven't looked lately, the same people who brought you HMO's and prior authorizations are back. This time it is with a new animal, the electronic (medical) (health) record or, EMR (EHR). It is clearly the "sexy" issue at the current time. During the debates, President Bush stated the system wide implementation of EMRs would cut 20% of American health care cost.

If you watch any NFL football you can't help notice the IBM commercial where four gowned medical professionals are able to immediately obtain the far distant medical records of an emergency patient; obviously helping to save someone's life.

The latter scenario above is always the "poster child" when people indicate the discussion about EMR. Lets say Fred Smith gets into an auto accident on I-495 on his way to the Cape on a summer Friday afternoon and is seriously injured. Wouldn't it be wonderful it is said, if the medical staff at Tobey Hospital in Wareham were able to obtain, at the touch of a mouse, Smith's medical records from Dr. Mullan's office in Springfield? Surely, couldn't this save his life? Likely not, but the story is certainly an attention grabber.

My sarcasm notwithstanding, there clearly is a lot more to the EMR and it's potential benefits to the health care system. But it truly describes the EMR in its simplest form – to enable the electronic storage and availability of the individual patient clinical information to users at the point of care. Experts say this new technology will lower cost and improve patient safety and care in numerous ways, one example being the reduction in the repetition of costly diagnostic tests. And one can't help but smile at the thought of a paperless system.

Certainly for a larger group doing lots of dictation, needing access to charts at multiple sites and for those who might have coding problems it is worth exploring the idea of purchasing an EMR system.

However, probably the greatest beneficiary of a truly universal EMR system is the health insurer. It will become much easier for them to establish so called "quality bench marks" and monitor physician behavior for the purpose of financial reward or punishment. The problem of course, that there are very few true benchmarking, and

benchmarking ignores the fact that the cornerstone of medicine is the physician-patient relationship, not an administrative bean-counter. Can you spell "downcode"?

Multiple key barriers block the pathway to a truly electronic healthcare system, the greatest one being the most obvious - cost. One can find estimates of the initial cost per physician all over the lot, from \$12,000 - \$50,000 per doc. Some say it will cost more than two billion dollars to accomplish true connectivity in Massachusetts. One must also factor in other costs, including on-going maintenance and administrative factors and the initial six-month to one-year of lost productivity, for the practice, as things are "vamped-up" And who will pay for all this? Many physicians believe despite certain financial incentives offered by insurers and IPA's – cash grants, bonus, hire reimbursements – that acquiring and using EMR will simply be another unfunded mandate that

Practitioners will be liable for, in the age when doctors are still small business owners attempting to deal with higher practice cost without losing personal income.

There are many other barriers however. These include the current complexity of the available EMR systems, the difficulty in choosing a system from over two hundred available at present, the lack of and, expenses of staff to maintain the systems. And in the most intriguing problem of all will these differing systems even be able to talk with each other. In November 2004, Managed Care, David Brailer, National Coordinator for Health Information Technology suggests that even in the best case scenario there is a considerable risk of failure of up to 50%.

Nationwide progress has been slow. The Veteran's Administration "pulled the plug" on a system in Florida that was said to be a "flat out catastrophe". (Managed Care November 2004). Numerous IPA's have attempted to implement EMR systems with little success (AMA News December 13, 2004). These facts have not affected the plan of newly formed Massachusetts C-Health Collaborative, a coalition of health plans, hospital groups and others including the Massachusetts Medical Society, to use a Blue Cross – Blue Shield grant of fifty- million dollars to create pilot programs in several communities whereby physician's practices and hospitals would be interconnected electronically. With data from their pilot programs, the Collaborative hopes to be able to answer the questions as to the cost and quality benefits of a fully implemented system.

My only advice is to go slow. No one person or group knows what the true long-term cost and benefits of EMR will be. We certainly should not bet that insurance plans, administrators, politicians or medical directors shove expensive plans down our throats simply because they imply that EMR= quality medicine. To paraphrase a former Supreme Court justice who was asked to describe pornography – I can't give perfect definition of quality medicine but I know it when I see it.

Providence/Brightside Names New Chief Medical Director

Dr. Gregory Miller has joined the Providence Behavioral Health Hospital in Holyoke and Brightside for Families and Children in West Springfield as the new chief medical officer. He is board-certified in general psychiatry and as a certified physician executive. He also holds masters in business administration from Baruch College.

Most recently Miller was the chief medical officer and chair of psychiatry and the residency program at North General Hospital in New York. Dr. Miller said he looks forward to helping to establish a strong affiliation with medical school departments of psychiatry. As the chief medical officer, he will promote evidence-based medicine and outcome-driven practices.

"The Providence/ Brightside system is blessed with some of the most highly skilled psychotherapists, psychiatrists and mental health clinicians in the field. We provide cutting edge mental health treatment in a caring environment. I am very excited to be a part of this team," said Miller, who began his work at Providence in January.

Miller obtained his medical degree from George Washington University School of Medicine in Washington, D.C. His residency training was at Vanderbilt University Medical Center, New York Hospital and Cornell Medical Center.

Providence Behavioral Health Hospital is a 124-bed behavioral health hospital that provides both inpatient and outpatient psychiatric and substance abuse services for people of all ages. Providence offers crisis intervention and stabilization, assessment, inpatient acute psychiatric treatment for children, adolescents, adults and seniors; inpatient detox for adults; methadone services and outpatient services and counseling for behavioral and substance abuse issues, including family individual and group counseling and family and caregiver support and education.

Providence Behavioral Health Hospital is part of the Sisters of Providence Health System.

Mercy Nuclear Medicine Achieves Accreditation First in Massachusetts

Mercy Medical Center's Nuclear Medicine Department was recently notified it has received a three-year accreditation from the American College of Radiology. Mercy's Nuclear Medicine Department is the only hospital nuclear medicine center to achieve this accreditation in Massachusetts and only the sixth in New England, said Mark Saari, manager of diagnostic imaging at Mercy.

The accreditation is for the entire center's imaging techniques in Nuclear Medicine: Planar, SPECT (3-Dimensional) and Nuclear Cardiology Imaging, Saari said. "This accreditation was a six-month process for us to show that the quality of our equipment, people, techniques and readings are always performed to the highest standards in the industry," he said. "Accreditation by the ACR demonstrates our commitment to quality care and patient safety. It means we have met nationally accepted standards of care. It's a great achievement," said James E. Fanale, M.D., chief operating officer of Mercy and senior medical officer for the Sisters of Providence Health System. Accreditation also demonstrates to insurers that our facility has achieved a certain standard of quality and outcome, said Fanale, and can help with improving reimbursement.

Some insurers are beginning to increase reimbursements to medical facilities that demonstrate they meet high standards of quality care.

The ACR is a national organization serving more than 32,000 diagnostic and interventional radiologists, radiation oncologists and medical physicists.

HIGH SCHOOL DOCTOR FOR A DAY MENTOR PROGRAM

**THURSDAY, APRIL 7, 2005
HOLYOKE MEDICAL CENTER
BREAKFAST 7:30 A.M.
DEBRIEFING DINNER 5:00 P.M.**

[PROGRAM SCHEDULE WITH
STUDENT'S NAME WILL BE PROVIDED]

- Category 2 credit may be earned for activities physicians have undertaken on their own that should be beneficial to their practice. Credit claimed should be commensurate with the actual time spent on an activity.
- Individual physician participating in this Mentoring Program may claim category 2 credit for learning experiences.
- This Activity should be self-reported.

To join your fellow colleagues and mentor a student for a day please call: (413) 736-0661 or, email: hdms@massmed.org

Hospitalist Service Director

Dr. Winthrop F. Whitcomb of Mercy Medical Center has been named director of hospitalist services for Catholic Health East, a health care system that extends from Maine to Florida, encompassing 31 hospitals and a network of long-term care facilities along the East Coast.

Dr. Whitcomb, who became the director of the hospitalist program at Mercy 11 years ago, will continue as a hospitalist at Mercy and will also serve Mercy as director of clinical performance improvement.

Dr. Bipinchandra Mistry, who has been a hospitalist at Mercy for five years, will serve as the new medical director of the Mercy Inpatient Medical Service at Mercy. Mercy Medical Center is a member of Sisters of Providence Health System, which is affiliated with Catholic Health East.

"There is enormous potential to use the collective expertise of Catholic Health East hospitalist programs to enhance patient care at each of the system's hospitals. "My aim is to pool that expertise and make it available to all of CHE's hospitalists," said Whitcomb. Whitcomb and the Mercy hospitalist program were featured on Cable News Network earlier this year.

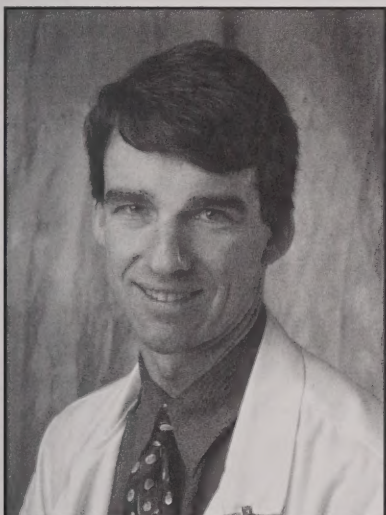
"Dr. Whitcomb will help lead the physician leadership in the development and enhancement of hospitalist programs across the Catholic Health East system," said Dr. Richard F. Afable, executive vice president and chief medical officer for Catholic Health East, which is headquartered in Newtown Square, PA.

Dr. Whitcomb has been a national leader in the hospital medicine and hospitalist movement for many years. He is a founder and first president of the Society of Hospital Medicine, a medical organization that under his leadership has grown from just a handful of interested clinicians to more than 4,000 members in the last eight

years. He has lectured widely on the subjects of hospitalist program development, management, and quality improvement for inpatient care. He has authored numerous articles and book chapters on hospital medicine and is known as an authority on the subject by his colleagues and peers.

"Dr. Whitcomb has developed the Hospitalist Program at Mercy Medical Center into a template for the rest of the country. The excellent clinical skills and superb quality and service provided by Mercy Inpatient Medicine Service to our patients, is known to all of us," said Dr. James E. Fanale, chief medical officer and chief operating officer at Mercy.

Dr. Whitcomb received the 2004 Hampden District Medical Society Community Clinician of the Year Award in 2004.



Dr. Winthrop F. Whitcomb

SAVE THE DATE!!!!!!! LEGISLATIVE BREAKFAST

FRIDAY, APRIL 8, 2005
7:30 A.M. – 9:00 A.M.

BEST WESTERN
Sovereign Hotel
& Conference Center
West Springfield, MA

To register please call
413-736-0661 or, email
hdms@massmed.org

Small Smiles Dental Clinic 1st Tooth to 20 years Medicaid/MassHealth coverage

As many of you are well aware, a child's health may suffer if they don't have adequate dental care.

Many of the staff at the new Small Smiles Dental Clinic located at 376 Cooley Street in the Five-Town-Plaza in Springfield have worked for several years, to attempt to solve the problems of inadequate dental care for low-income children. This group of children has the greatest need for dental care and the least access to it.

The Clinic is a state-of-the-art 8,000 square foot facility that features experienced Massachusetts licensed general dentists and a professional, bilingual staff.

The Clinic is happy to provide a complete dental evaluation and all necessary treatment to any child served by you who have Medicaid/MassHealth.

For an appointment, please have your patients call (413) 796-1626.

If you want to display brochures in your waiting room please contact Suzanne Skibinski at (413) 736-0661

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Allen & Cooley St.
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**HAMPDEN DISTRICT MEDICAL SOCIETY
Annual Meeting**

Tuesday, April 26, 2005

"LIVING WITH THE PROFESSIONAL MEDICAL PERSON IN YOUR LIFE"

*Presented By: DR. KEVIN LEMAN
Renown Television & Radio Personality*

MEDICAL STAFF AND GUESTS WELCOME

CME PROGRAM

Announcement of the

2005 Community Clinician of the Year Award

Place: Springfield Country Club
Elm Street, West Springfield
Registration 6:00 P.M. Dinner: 7:00 p.m.

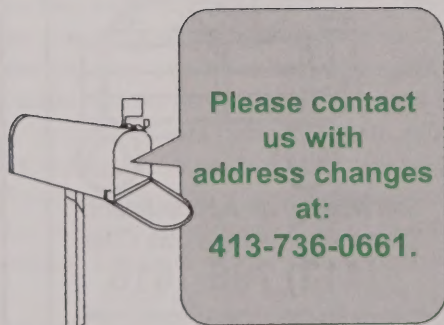
The summer edition of "The Hampden Hippocrat" will be published in July/August 2005. Articles, announcements, interesting stories and information to share with HDMS members may be submitted for publication consideration to:

The Hampden Hippocrat Editor, HDMS, 1111 Elm Street, Suite 22
West Springfield, MA 01089-1540 Email: hdms@massmed.org

The Hampden Hippocrat Newsletter

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